

Indiana State University
Center for Public Service and Community Engagement
Service Learning Course Designation – Final Report

Instructor Name: _____ Department: _____

Course Title: _____

CRN/Subject/Section: _____

Term & Year: _____ Enrollment: _____

A. What is the total number of service hours completed through this course (include all enrolled students)? _____

B. How did the community benefit from the service component of the class?

C. Provide a sample of student statements or quotes from the reflection component of your course that demonstrate their connection between service and learning. This information should be blinded (names removed).

1.

2.

3.

4.

5.

Signatures

Instructor: _____ Date: _____

Department Chairperson: _____ Date: _____

Please return this completed form no later than **30 days** after the end of the service learning course to:
Center for Public Service & Community Engagement, Tirey Hall 134A, 812.237.2334, 812.237.2525 fax