



Service-Learning Placement Confirmation Agreement- REQUIRED

To be completed by Agency/Organization/Individual that will act as the supervisor of the RSC Student participating in a Service-Learning Project

Name of Student _____ ID # _____

Name of RSC Instructor _____

Name of **Agency/Organization/Individual** _____

Agency Contact Person/Supervisor _____

Address _____

City _____ Zip _____

Phone _____ FAX _____

E-mail _____

The agency agrees to provide the student with on site supervision and a critique of the student's work at the end of the service-learning experience.

I agree to and will uphold, the terms of this placement

Supervisor's Signature _____

Date _____

Students should return forms to Cindy Brown, Social Sciences, SS 136-C, Rose State College, 6420 S.E. 15th St., Midwest City, OK 73110, FAX 736-0324, email cbrown@rose.edu