

Milwaukee Institute of Art & Design



HUMT380 Service Learning Contract

All fields are required. For questions or concerns contact the SL program assistant at servicelearn@miad.edu.

Student Information

Name: _____

MIAD Email: _____

Phone: _____

Agency

Organization name: _____

Supervisor name: _____

Supervisor phone: _____

Supervisor email: _____

Project Information

Starting Date _____ Ending Date _____

Student agrees to perform the following service activities and responsibilities:

By signing, I agree to perform at least **35 hours** of service according to the above guidelines.

Student: _____ **Date:** _____

By signing, I agree to support the above activities by providing orientation and supervision for the service and/or research. I also agree to provide an assessment of the student's activities at the end of the semester.

Agency supervisor: _____ **Date:** _____