

FORM B

**TURN THIS PAGE IN TO THE SERVICE-LEARNING PROGRAM IN ROOM BE 1117,
as soon as your placement is approved by your professor.**

Service-Learning Registration Form

Seattle Central College

1701 Broadway, BE 1117, Seattle, WA 98122 (206) 934-6997

Personal Information

Student Name: _____ Date _____
Student ID# _____ Ethnicity (optional) _____
Address _____
City _____ State _____ Zip _____
Preferred pronoun _____ E-mail _____
Phone _____
Home _____ Work _____

Academic Information

Year/Qtr _____ Item# _____ Course/Section# _____
Course Name _____
Instructor _____

Service-Learning Placement Information

Agency Name: _____
Address: _____ City _____ Zip _____
Supervisor _____ Phone _____
E-mail: _____
I chose this particular placement because: _____

Transcript Information

PLEASE CHECK ONE BOX

- I plan to register for Service-Learning academic credits.
- I DO NOT plan to register for Service-Learning academic credits, but would like my service-learning experience noted on my transcript.
- Not interested in either option

Thank you for filling out this form **COMPLETELY.**