FORM B

TURN THIS PAGE IN TO THE SERVICE-LEARNING PROGRAM, Student Leadership Building, as soon as your placement is approved by your professor.

Service-Learning Registration Form

Seattle Central College, 1701 Broadway, Seattle, WA 98122 (206) 934-6997

Personal Information

Date_____

Student Name: _____

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**.

(Rev. 8/5/26)