

Request to Continue or Switch Placement
Service-Learning Program
CSB/SJU

Student Section

Are you requesting to continue or switch your placement? Continue Switch

Reason for request _____

Student Signature _____ Date _____

Site Section

The student listed above is requesting to switch their service-learning placement during the current semester or extend their experience into the following semester with your organization. By signing below, you agree that this student can participate with your organization.

Do you approve the above student request? Yes No

If no, please explain. Note specific information on attempts to communicate with student and/or warning of poor job performance. Please use back of sheet if necessary.

Site Supervisor Signature _____ Date _____

Name of Organization _____

Phone _____

This form will be shared with your instructor. In most cases, academic credit will not be given without this document. Please return to the Service-Learning Coordinator, Marah Jacobson-Schulte in Murray 170, CSB.