



**Saint
Joseph's
College
of Maine**

Community-Based Learning Agreement

Start date: _____

End date: _____

Name and number of course: _____

Faculty member teaching course: _____

Best way to reach faculty member: _____

Name(s) of student(s): _____

If this is a group project, lead student: _____

Best way to reach (lead) student: _____

Name of community partner organization: _____

Community partner contact person: _____

Best way to reach community partner: _____

Direct supervisor of student(s): _____

Description of responsibilities to the community partner organization:

Description of how these responsibilities relate to the academic goals of the course:

Description of product or materials to be given to community partner, if known:

I have read the description of responsibilities and agree to meet them to the best of my ability.

Community partner: _____ Date: _____

Faculty member: _____ Date: _____

Student(s): _____ Date: _____

Instructions to student(s): Please fill out and collect signatures, make sure community partner keeps copy, and return to faculty member.

Instructions to faculty member: Once you have collected from all students, please send copies to Kimberly Post, Office of Community-Based Learning.