

# GRAMBLING

STATE UNIVERSITY®

## Office of Continuing Education and Service-Learning

Dr. Rory L. Bedford, Director

### Community Partners Service-Learning Prior Approval Form

**This form should be completed and returned by the community partner's representative to [pereram@gram.edu](mailto:pereram@gram.edu)**

Today's Date: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Community Partner's Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Community Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Community Partner's Mission: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

Description of service project (use additional paper if needed):

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I acknowledge that I am in receipt of the Hold Harmless Form and will make certain that all persons who engage in this project sign and return the form to the advisor. Failure to sign and return the form prohibits the individual from working with the project. (Place X in the space provided to acknowledge compliance.)

#### Contact Us:

Mail: 403 Main Street, GSU Box: 4222, Grambling, LA 71245

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