

# Office of Continuing Education and Service-Learning

Dr. Rory L. Bedford, Director



## Service-Learning Prior Approval Form

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

**Date:** \_\_\_\_\_

**Organization Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

**Organization Name:** \_\_\_\_\_

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

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

**Organization's Mission:** \_\_\_\_\_

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

**Advisor(s):** \_\_\_\_\_ **Department Where Employed:** \_\_\_\_\_

**Office Location:** \_\_\_\_\_ **Telephone#:(Office)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **The activities will include (use additional paper if needed):**

\_\_\_\_\_ 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 an **X** in the space provided to acknowledge compliance.)