

**Service Learning Experience Responsibilities & Objectives**  
**Division of Biokinesiology and Physical Therapy**  
**University of Southern California**

**Request for Approval as Service Learning Experience**

This form should be completed after your interview with the site supervisor.

**Your Name:** \_\_\_\_\_

**email:** \_\_\_\_\_

**Name of Agency/Project:** \_\_\_\_\_

**Agency/Project Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/email:** \_\_\_\_\_

**Please provide a short description of the proposed service learning opportunity**

**Your Primary Service Responsibilities and Duties:**

1)

2)

3)

4)

5)

**Your Primary Learning Objectives:**

1)

2)

3)

4)

5)