Intent to Design Service Learning Project

**Faculty Name**

**Division**

**Campus**

*Please complete this form and have your Academic Dean review and approve. Once approved, please forward to the Service Learning Director, Dr. Joyce Langenegger, joyce.langenegger@blinn.edu.*

1. Which course are you considering for a Service Learning project?

2. What student learning outcome(s) from the Master Course Syllabus for this course could be enhanced through a Service Learning project, and how might it be implemented? (If you do not have a Master Course Syllabus for the course, you may request one from your Dean.)

____________________________________  Date ________________  
*Faculty Member Signature*

____________________________________  Date ________________  
*Academic Dean Signature*