

**Stevens Service Learning Center
Placement Confirmation Form**

Student Information

Name: _____ Date: _____

Instructor: _____ Course: _____

Transportation: _____

Service Learning Placement Site

Organization: _____ Phone: _____

Address: _____ Contact: _____

Description of Project: _____

Days/Times: _____

Start: _____

Confirmation of Site Placement

I have met with my service supervisor _____ and have discussed my service placement. I understand my responsibilities and the organization's expectations of me.

Student Signature: _____ Date: _____

Site Supervisor: _____ Date: _____

**Please keep a copy for your records and return the original to the
Stevens Service Learning Center after your first visit.**