



**Gladys Sakowich Campus Center, Room 380  
STUDENT INFORMATION SHEET**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_

Merrimack College E-mail address \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Major/Minor \_\_\_\_\_

Are you a Resident or Commuter? \_\_\_\_\_

**Please check the best way to reach you and list your phone number**

\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_ Home Phone \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

***If you are eligible for service learning credit for courses, please list below.***

**Course 1** Name \_\_\_\_\_ Number/Section \_\_\_\_\_

Instructor's Name \_\_\_\_\_

**Course 2** Name \_\_\_\_\_ Number/Section \_\_\_\_\_

Instructor's Name \_\_\_\_\_

**Course 3** Name \_\_\_\_\_ Number/Section \_\_\_\_\_

Instructor's Name \_\_\_\_\_

**Course 4** Name \_\_\_\_\_ Number/Section \_\_\_\_\_

Instructor's Name \_\_\_\_\_

**Will you need transportation?** Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak any languages other than English? If yes, which one(s)? \_\_\_\_\_

Have you done service learning before? Yes \_\_\_\_\_ No \_\_\_\_\_

What do you expect to gain/learn from participating in service learning? \_\_\_\_\_

Is there anything else about yourself that we should know in setting up your service assignment (class needs/  
special interests/hobbies)?

\_\_\_\_\_

**In order to effectively schedule you for your service assignment,  
please take the time to fill in your class schedule (use an X in the blocks) in the following chart  
also include any work or sports commitments.**

M-W-F PERIOD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	T-TH PERIOD
8:00						8:00
9:00						
						9:30
10:00						
11:00						11:00
12:00						
						12:30
1:00						
2:00						2:00
3:00						
						3:30
4:00						4:00
5:00						5:00
6:00						6:00

**PLACEMENT INFORMATION**

Which times are **BEST** for you to do service learning? Please list days and blocks of time which are 2-3 hours long

Day	Times

**OPTIONS FOR PLACEMENT**

- 1.
- 2.
- 3.

**Please return to:     Stevens Service Learning Center,  
Gladys Sakowich Campus Center, Room 380  
stevenscenter@merrimack.edu  
(978) 837-5125**

**For Office Use Only:**

Stevens Service Learning Office Interview Scheduled For: \_\_\_\_\_

Site Interview Date/Time: \_\_\_\_\_

Service Assignment: \_\_\_\_\_

Day and Time of Service: \_\_\_\_\_

Start Date of Service: \_\_\_\_\_

Date Service Completed: \_\_\_\_\_

Input Info Computer: Y \_\_\_\_\_ N \_\_\_\_\_