**CCDSL FORM 101: REQUEST FOR COMMUNITY ENGAGEMENT ASSISTANCE FOR SERVICE-LEARNING ACTIVITIES**

Please provide us with the details of the items listed below. You may use another sheet of paper if the spaces provided are not enough. Please attach documents that are pertinent to the intended activities, such as, syllabus, project proposals, research protocols, and the like.

|  |  |
| --- | --- |
| COURSE/UNIT: | |
| Nature of Request (Please put a mark on the box or boxes provided.)  🞏 Identify a community / an institution for the proposed project/program  🞏 Coordinate with a community / an institution/ an agency  🞏 Collaborate with a community/ an institution/ an agency  🞏 Orientation with student or faculty  🞏 Manpower assistance  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of Request |  |
| Person/ College/ Department Requesting |  |
| Title of the Community Learning Activity/ Title of the Research Study |  |
| Objective/s of the Project/ Program/ Research Study |  |
| Students’ Profile:  Year Level /Number of Students/ Number of Groupings Participating  (If applicable) |  |
| Description of the Community or Institution Being Requested e.g.:   * Rural, Urban, Rurban * GOs, NGOs, POs * Land area (if needed) * No. of Households |  |
| Description of the Target Population Being Requested e.g:   * Marginalized group * Sectors e.g. elderly, school children, out-of-school youth |  |
| Brief Description of the Students’ Involvement or Role in the Activity |  |

|  |  |
| --- | --- |
| Date/s or Schedule of Activity  (Class schedule may be attached) |  |
| Expected Learning Outcomes  (Please attach the syllabus or teaching plan) |  |
| Faculty-in-Charge and Contact Detail/s |  |

Prepared: Endorsed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY (Name and Signature)/Date Program Chair (Name and Signature)/Date

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (Name and Signature)/Date

Revised CCDSL Form 101: Request for Community Engagement Assistance for Service-Learning Activities

**ACKNOWLEDGEMENT**

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

This is to acknowledge the receipt of the accomplished CCDSL Form 101.

To discuss the details of the request, please fill in the following spaces below for our initial meeting with you.

Date/ Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue of meeting : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much. Have a blessed day.

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCDSL Personnel’s Name and Signature