



Partnership Agreement Form: Faculty and Community

Marshall University Community-Based Learning Program

Faculty Name/Dept: _____ Semester/Year: _____

Course Number/Title: _____

Community Partner (organization): _____

Partner Contact Person/Title/Phone/Email:

Brief description of the nature of the community engagement project (including a list of community-identified needs that the project will meet):

Number of students required for the project (estimated): _____

Weekly hours per student required for the project (estimated): _____ Number of weeks required: _____

Level of student supervision the faculty member expects from the community partner:

Level of responsibility and skills that the community partner can expect from students:

Statement describing any student orientation/training activities offered by the community partner, the faculty member, or both:

We certify that the community engagement project has been developed collaboratively by both the faculty member and the community partner to ensure that student learning objectives are met and that the service provided meets community-identified needs. Both the faculty member and the community partner have received a copy of this completed partnership agreement form.

Faculty Member Signature

Date

Community Partner Signature

Date