

Community and Public Service Program
 Social Sciences 112, 1400 Washington Ave., Albany, NY 12222
 (518) 442-5683 - Fax (518) 442-5684 ; csp@uamail.albany.edu
<http://www.albany.edu/csp>

PERMISSION FORM

COURSE RSSW 290 (100 HOURS) RSSW 291 (60 HOURS) RSSW 390 (100 HOURS)

SEMESTER Fall 20__ Spring 20__ Summer 20__

In order to register for and to pass this course I understand I must: (please initial all boxes)

_____ complete all my required hours within the semester in which I am registered.

_____ adhere to the schedule to which I commit with my volunteer service site.

_____ turn in all coursework, including forms and assignments by their due dates.

Student Responsibilities:

1. Contact organization and set up an appointment to meet and discuss service responsibilities.
2. Get this form signed; turn it in to the CPSP office in Social Sciences 112.
3. Get a class permission number when turning in this form and register on MyUAlbany.
4. Complete a Commitment Agreement within the first week of registering for class
5. Develop a learning contract and have it signed by your organization supervisor two weeks after starting hours.
6. Complete the reflective assignment for the course in which I am registered. This is usually due four weeks before the end of the semester. The actual date will be in syllabus.
7. Complete 100 hours for RSSW 290 and RSSW 390; or 60 hours for RSSW 291.
8. Turn in your signed log of hours.
9. Turn in your course evaluation of the program.

Supervisor Responsibilities:

1. Sign this permission form.
2. Advise and supervise student.
3. Sign student's Learning Contract.
4. Confirm the completion of service hours by signing Log of Hours.
5. Complete the Supervisor Evaluation and return it by the semester deadline.

<p>The following student, _____ <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> Last Name First Name </div> _____, has permission to serve at our organization. _____ Email</p>
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Name of organization where student is volunteering _____

Person who will be supervising this student (Print) _____

Supervisor's E-mail _____

Signature of supervisor _____

Street address of Organization _____

City/State/Zip of Organization _____

Organization Phone number () _____ Fax number() _____

*ATTENTION ORGANIZATIONS *

If you are an approved Organization that is registered with CPSP, students can choose to volunteer at your site. If you are not registered and would like to be, please look at our website - <http://www.albany.edu/csp> for information under Organization's Frequently Asked questions and submit a New Organization Application. If you are a participating organization, please check our Alphabetical Organization List and make sure the contact information is up-to-date.