|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| A | Community Partner Organization Contact Information | | |
|  | Name of Organization |  | |
|  | Primary Contact Name & Title |  | |
|  | Street Address |  | |
|  | Mailing Address |  | |
|  | Telephone No. & Email Address |  | |
|  | Secondary Contact Name & Title |  | |
|  | Street Address |  | |
|  | Mailing Address |  | |
|  | Telephone No. & Email Address |  | |
|  | Additional Comments |  | |
| B | SCU Contact Information | | |
|  | Please list the SCU individual, organization, or group that maintains the partnership: | |  |
|  | SCU Contact Name |  | |
|  | Contact’s Title & Department |  | |
|  | Campus Address |  | |
|  | Telephone No. & Email Address |  | |
|  | Additional Comments |  | |
| C | Memorandum of Understanding (MOU) with Community Partner Organization | | |
|  | MOU currently on file (Yes or No) |  | |
|  | If “Yes”, please provide the following information. If “No”, skip to Section D. | | |
|  | MOU Expiration Date |  | |
|  | MOU Signatory Contact Name |  | |
|  | MOU Signatory Contact’s Title |  | |
|  | Street Address |  | |
|  | Mailing Address |  | |
|  | Telephone No. & Email Address |  | |
| D | Please List All of the Programs/Activities at the Community Partner Organization with which SCU Students Will Engage: | | |
|  | 1. | | |
|  | 2. | | |
|  | 3. | | |
|  | If needed, please continue list on back of this form. | | |
| E | For Each Program/Activity Listed Above, Please Describe Briefly What SCU Students Will Do in Each Engagement (in 1-2 sentences for each): | | |
|  | 1. | | |
|  |  | | |
|  | 2. | | |
|  |  | | |
|  | 3. | | |
|  | If needed, please continue descriptions on back of this form. | | |
|  |  | | |

Please provide the following information. Only complete Section C if you and your community partner have a MOU currently on file.