**SL SIE Proposal**

1. TITLE OF SL SIE:
2. SCHOOL OF MEDICINE DEPARTMENT:
3. DIRECTOR & FACULTY:

Academic Faculty:

Community Faculty:

1. TIME & LOCATION:
2. TOTAL NUMBER OF SERVICE LEARNING HOURS:
3. PARTICIPATING STUDENTS: (*List all students and their e-mail addresses)*
4. SERVICE LEARNING ELECTIVE DESCRIPTION:
5. LEARNING METHODS:
   1. Orientation
   2. Direct Service
   3. Non-Direct Service
   4. Reflection Activity
6. LEARNING AND SERVICE OBJECTIVES
7. Learning Objectives (at least 3)
8. Service Objectives (at least 3)
9. Service-Learning Objectives (at least 3)
10. EVALUATION:
11. Total number of SL hours = # hours orientation, # hours non-direct service, # hours direct service, # hours reflection. Minimum number of hours = 16
12. SL Verification Form submission
13. Completion of reflection activity or assignment