Community-Based Learning Symposium – May 14, 2009
Registration Form

Name: ____________________________________________
Department: _______________________________________
Campus Box: ________    Campus Phone Ext: ___________
E-mail: ____________________________________________

Have you used community-based learning pedagogies in the past? □ YES □ NO
If yes, please list course title(s) and describe the community experience(s.)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are there specific community-based learning topics of interest to you? Please list.
______________________________________________________________________________
______________________________________________________________________________

Please mark community issue area(s) that would best fit your instructional needs.

☐ Crisis Services
☐ Education
☐ Environment
☐ Healthcare
☐ Poverty
☐ Public Safety
Other: _______________________________________________________________________

Return this form to the Bonner Center for Community Engagement at campus box 42 or in Krannert Center – Suite 320
on or before Friday, April 24, 2009