REQUEST ALTERNATIVE PROJECT FORM
ST. ALBANS SOCIAL SERVICE PROGRAM
Mount St. Alban, Washington, D.C. 20016
Phone (202) 537-6417

1) Student’s name: ______________________________________________________

2) Date of submission: / /

3) Time period during which service work will be completed:
   ______________________________________________________
   ______________________________________________________

4) Adult who will be supervising and evaluating student's service work

Name & Job Title: ___________________________ Phone: ______________________

Address: _____________________________________________________________

On the back:
5) Briefly describe the project (name of program or agency, etc.) type and hours of work, the population served by this project, your responsibilities and any other relevant factors.

6) What are your motivations in undertaking this service project and how do they relate to the goals and guidelines of St. Albans Social Service Program?

Note: Upon approval of this project by the Social Service Committee the regular social service procedures must be followed. A Contract of Service and Supervisor’s Evaluation must be completed and returned to the Social Service Director.

I request approval of this project by the Faculty-Student Social Service Committee as sufficient to satisfy the School Social Service requirement for graduation.

________________________________________
Student Signature

__________  This Project was approved

__/__/__/  This Project was rejected for the reasons indicated below.

________________________________________
Committee Signature