

**Mississippi State University
Social Work Program**

Service-Learning Verification Letter

Date _____

Student Name _____

Course _____

Name of Agency or Organization _____

This letter verifies that the aforementioned student has met with me to discuss his/her service-learning requirements for said course. He/She has permission to complete service-learning with this agency/organization. We have agreed upon specific times and days when he/she can come into the agency/organization to complete service-learning. I agree to verify the hours periodically by submitting a completed time sheet with my signature. I agree to supervise this student during their service-learning experience.

Signature of Supervisor

Date

Signature of Student

Date