

Northern New England Campus Compact
Faculty Consulting Program

Consultant Request Form

Today's Date: _____

Name of Institution: _____

Contact Person: _____ **Title:** _____

Address: _____

City, State Zip Code: _____

Phone: _____ **Fax:** _____

Email: _____

Preferred Date(s) of Consultation: _____

Please attach a copy of your campus mission statement. Include departmental or program mission statements if applicable.

Please answer the following questions. This information will be used to help identify the best consultant to meet your specific needs.

1. Briefly characterize your institution, then identify as specifically as possible your institutional needs/requests for faculty development on service learning.

2. What specific outcomes do you hope to achieve with this consultation?

