



AmeriCorps ACCESS Project
2018-19 Academic Advisor Authorization Form

This form must be completed by an Academic Advisor. The completed form must be included as part of the ACCESS application packet.

Student's Full Name: _____ **University/College:** _____

The student above wishes to apply for an AmeriCorps position with the AmeriCorps ACCESS Project. ACCESS members commit to one year of community service in one of three position types:

- Full-time (1700 hours)
- Part-time (900 hours)
- Quarter-time (450 hours)

Our service year begins September 14, 2018 – August 31, 2019. As part of their service, the student will be placed with a non-profit agency and will typically serve between 10-40 hours/week, depending on their position type indicated above. There are also mandatory quarterly trainings, including a two-day orientation.

Please provide the following information regarding the student's anticipated schedule.

Number of Credit Hours (enrolled/anticipated):

Fall 2018 _____ Spring 2019 _____ Summer 2019 _____

Any Additional Requirements from September 2018 – August 2019:

- | | | |
|---------------------------------------|------------------------|---|
| <input type="checkbox"/> Internship | # of Hours/Week: _____ | Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |
| <input type="checkbox"/> Work Study | # of Hours/Week: _____ | Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |
| <input type="checkbox"/> Study Abroad | # of Hours/Week: _____ | Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |
| <input type="checkbox"/> Other: _____ | # of Hours/Week: _____ | Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |

As the student's Academic Advisor, I hereby certify that I understand the eligibility requirements for the AmeriCorps ACCESS Project as outlined above; I have reviewed the student's schedule based on classes, work study, and/or other commitments (i.e. involvement in student organizations, plans to study abroad, etc.) and feel that the student is able to participate and fulfill the commitment of an AmeriCorps service year.

Signature of Advisor

Date

Name of Advisor (typed/printed)

Campus Telephone Number

Email Address