



ACCESS Project

2023-24 Academic Advisor Authorization Form

Ask your Academic Advisor to complete this form and submit it as part of your application packet.

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

The student above is applying for an AmeriCorps position with the ACCESS Project. AmeriCorps members commit to one year of community service in one of two positions below:

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

Our service year begins September 12, 2023 and ends August 31, 2024. As part of their service, the student will be placed with a non-profit agency and will typically serve between 20-40 hours/week, depending on their position type indicated above. There are also mandatory trainings, including a two-day orientation.

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

Number of Credit Hours (enrolled/anticipated):

Fall 2023 _____ Spring 2024 _____ Summer 2024 _____

Please indicate any additional obligations for the student from September 2023 – August 2024:

- | | | |
|---------------------------------------|------------------------|---|
| <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 |

I certify that I understand the eligibility requirements for the ACCESS Project as outlined above. I have reviewed the student's schedule based on classes, work-study, and/or other commitments (e.g., involvement in student organizations, plans to study abroad.) and feel that the student has the time commitment and determination to complete AmeriCorps program requirements successfully.

Signature of Advisor

Date

Name of Advisor

Campus Telephone Number

Email Address