Approval for Experiential Learning Activity

Student Name: ___________________________ Student #: __________________

Activity Title: _________________________________________________________________________________

Faculty Advisor and Department: ___________________________________________________________________

Type of activity: *(recommended durations)*

___ Undergraduate Research (2 Semesters) ___ Co-op (2 Semesters)
___ Internship (1 Semester) ___ Leadership Position (2 Semesters)
___ Department Student Design Teams (2 Semesters) ___ Mentor/Coach/Tutor (2 Semesters)
___ Study Abroad (1 Semester) ___ Service Learning (2 Semesters)
___ Student Design Team (2 Semesters) ___ Other____________________________________________________________________

The focus must be on “learning by doing” in a creative and innovative activity that generally falls outside the realm of the traditional lecture classroom experience and contributes significantly to professional and personal development.

Specifically define how the selected activity achieves the objective for experiential learning (how does it connect to and satisfy the S&T commitment to the Higher Learning Commission as part of the Quality Initiative – the activity should be significant and the depth of learning should be well documented):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This activity has been approved. An acceptable end-of-activity reflection must be attached for this activity to qualify for experiential learning credit.

Student Signature ___________________________ Date ________________

Faculty Advisor Signature ___________________________ Date ________________

Department Signature ___________________________ Date ________________

The activity was completed satisfactorily and an approved reflection is attached.

Department Signature ___________________________ Date ________________

*Original to be kept in Department*