

# Approval for Experiential Learning Activity

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Faculty Advisor and Department: \_\_\_\_\_

Type of activity: *(recommended durations)*

- |  |  |
|--|--|
| <input type="checkbox"/> Undergraduate Research (2 Semesters)          | <input type="checkbox"/> Co-op (2 Semesters)               |
| <input type="checkbox"/> Internship (1 Semester)                       | <input type="checkbox"/> Leadership Position (2 Semesters) |
| <input type="checkbox"/> Department Student Design Teams (2 Semesters) | <input type="checkbox"/> Mentor/Coach/Tutor (2 Semesters)  |
| <input type="checkbox"/> Study Abroad (1 Semester)                     | <input type="checkbox"/> Service Learning (2 Semesters)    |
| <input type="checkbox"/> Student Design Team (2 Semesters)             |  |
| <input type="checkbox"/> 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):

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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