Approval for Experiential Learning Activity (complete BEFORE activity)

Student Name: ___________________________ Student #: ___________________

Activity Title: ____________________________

Faculty Advisor and Department: ____________________________

Type of activity: (recommended durations)

___ Undergraduate Research (1 Semester) ___ Co-op (1 Semester)
___ 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 _____________

*Original to be kept in Department
Approval of Experiential Learning Activity (complete AFTER activity)

Student Name: ____________________________ Student #: ________________

Activity Title: ________________________________

Faculty Advisor and Department: ____________________________

Please attach a reflective essay of no more than two pages. This paper should briefly describe what you did and then reflect on topics such as:

* how your coursework did or did not relate
* what new skills you developed (technical, personal, interpersonal)
* how this will impact your professional future

This activity has been successfully completed.

__________________________________________
Activity Supervisor Name and Title

__________________________________________    _________________________
Activity Supervisor Signature                   Date

I have read and approved the attached end-of-activity reflection

__________________________________________    _________________________
Advisor Signature                               Date