Approval for Experiential Learning Activity (complete BEFORE activity)

Student Name:	Student #:
Activity Title:	
Faculty Advisor and Department:	
Гуре of activity: (recommended durations)	
Undergraduate Research (1 Semester) Internship (1 Semester) Department Student Design Teams (2 Semesters) Study Abroad (1 Semester) Student Design Team (2 Semesters) Other	 Co-op (1 Semester) Leadership Position (2 Semesters) Mentor/Coach/Tutor (2 Semesters) Service Learning (2 Semesters)
The focus must be on "learning by doing" in a creative and outside the realm of the traditional lecture classroom experoressional and personal development.	
Specifically define how the selected activity achieves the how does it connect to and satisfy the S&T con Commission as part of the Quality Initiative – the acd depth of learning should be well documented):	nmitment to the Higher Learning
This activity has been approved. An acceptable end-of- 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 the did and then reflect on topics such as: * how your coursework did or did not what new skills you developed (tection to the whole the will impact your profession).	chnical, personal, interpersonal)
This activity has been successfully com	pleted.
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Activity Supervisor Name and Title	
Activity Supervisor Signature	Date
I have read and approved the attached o	end-of-activity reflection
Advisor Signature	Date