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):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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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

*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