

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