Approval for Experiential Learning Activity

Student Name: ___________________________ Student #: ___________________________

Activity Title: ________________________________________________________________________________

Faculty Advisor and Department: _______________________________________________________________

Type of activity: (recommended durations) Semester activity completed: ________

___ Undergraduate Research (2 Semesters) ___ Co-op (2 Semesters)
___ 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

The activity was completed satisfactorily and an approved reflection is attached.

___________________________________   _________________
Activity Advisor Signature     Date

___________________________________   _________________
Department Signature     Date

*Original to be kept in Department*