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) ___ Senior Design Cap Stone Course
___ 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