

Approval for Experiential Learning Activity

Student Name: _____ Student #: _____

Activity Title: _____

Faculty Advisor and Department: _____

Type of activity: *(recommended durations)*

- | | |
|--|--|
| <input type="checkbox"/> Undergraduate Research (2 Semesters) | <input type="checkbox"/> Co-op (2 Semesters) |
| <input type="checkbox"/> Internship (1 Semester) | <input type="checkbox"/> Leadership Position (2 Semesters) |
| <input type="checkbox"/> Department Student Design Teams (2 Semesters) | <input type="checkbox"/> Mentor/Coach/Tutor (2 Semesters) |
| <input type="checkbox"/> Study Abroad (1 Semester) | <input type="checkbox"/> Service Learning (2 Semesters) |
| <input type="checkbox"/> Student Design Team (2 Semesters) | |
| <input type="checkbox"/> 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