Approval for Experiential Learning Activity

Student Name:	Student #:
Activity Title:	
Faculty Advisor and Department:	
Type of activity: (recommended durations) Ser	mester activity completed:
 Undergraduate Research (2 Semesters) Internship (1 Semester) Department Student Design Teams (2 Semesters) Study Abroad (1 Semester) Student Design Team (2 Semesters) ROTC Student Teaching 	 Co-op (2 Semesters) Leadership Position (2 Semesters) Mentor/Coach/Tutor (2 Semesters) Service Learning (2 Semesters) Senior Design Cap Stone Course Other:
The focus must be on "learning by doing" in a creative an outside the realm of the traditional lecture classroom exprofessional and personal development.	
Specifically define how the selected activity achieves (how does it connect to and satisfy the S&T conscious commission as part of the Quality Initiative – the adepth of learning should be well documented):	ommitment to the Higher Learning
This activity has been approved. An acceptable end-of- for this activity to qualify for experiential learning cred	
Student Signature	Date
Faculty Advisor Signature	Date
Department Signature	Date
The activity was completed satisfactorily and an appro	ved reflection is attached.
Activity Advisor Signature	Date
Department Signature	Date

^{*}Original to be kept in Department