

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)

☐ Reactor Operations

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