

GGPE Department: Approval for Experiential Learning Activity

Student Name: _____ Student No. _____

Activity Title: _____

Dept/Program: _____ Faculty Advisor: _____

Type of Activity: (*recommended durations*)

____ Undergraduate Research (2 Semesters)

____ Co-op (2 Semesters)

____ Internship (1 Semester or Summer)

____ Leadership Position (2 Semesters)

____ Dept Student Design Team (2 Semesters)

____ Mentor/Coach/Tutor (2 Semesters)

____ Study Abroad (1 Semester)

____ Service Learning (2 Semesters)

____ Campus Student Design Team (2 Semesters)

____ Other (Please Describe): _____

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):

Pre-approval: This activity plan has been pre-approved.

Student Signature

Date

Faculty Advisor Signature

Date

Department Signature

Date

Final Approval: This activity was completed satisfactorily and an approved reflection piece is attached.

Faculty Advisor Signature

Date

Department Signature

Date

Original to be kept in Department