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)
- [ ] Internship (1 Semester or Summer)
- [ ] Dept Student Design Team (2 Semesters)
- [ ] Study Abroad (1 Semester)
- [ ] Campus Student Design Team (2 Semesters)
- [ ] Other (Please Describe): ___________________________

___ Co-op (2 Semesters)
___ Leadership Position (2 Semesters)
___ Mentor/Coach/Tutor (2 Semesters)
___ Service Learning (2 Semesters)

*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 keep in Department