

# Psychology **Approval for Experiential Learning Activity**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Activity Advisor : \_\_\_\_\_

Type of activity: (*recommended durations*)

**Semester activity completed:** \_\_\_\_\_

\_\_\_ Undergraduate Research (2 Semesters)

\_\_\_ Co-op (2 Semesters)

\_\_\_ Internship (1 Semester)

\_\_\_ Leadership Position (2 Semesters)

\_\_\_ Class with EL component (1 Semester)

\_\_\_ Mentor/Coach/Tutor (2 Semesters)

\_\_\_ Study Abroad (1 Semester)

\_\_\_ Service Learning (2 Semesters)

\_\_\_ Student Design Team (2 Semesters)

\_\_\_ Senior Capstone Project

\_\_\_ 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):

An acceptable end-of-activity reflection must be attached for this activity to qualify for experiential learning credit. This activity has been approved and completed satisfactorily.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Chair of Undergraduate  
Studies Signature

\_\_\_\_\_  
Date

# **Experiential Learning Activity Reflection**

What did you do? What are the details?

# **Experiential Learning Activity Reflection**

What did you specifically learn? How did it differ from what you specifically learned in your classes?