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**Junior Year Experiential Learning Independent Study Approval**  
**LIBERAL ARTS AND SCIENCES COLLEGE OFFICE**

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Student' Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

Student's College \_\_\_\_\_

Course (number, section, title): \_\_\_\_\_

Term: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor's phone #: \_\_\_\_\_

The following information is to be provided by the student.

1. Number of hours during the term that the student was required to engage in experiential learning (specify type of experiential learning):
2. Site(s) for experiential learning:
3. Name and phone number of immediate supervisor at site:
4. What type of work did the student do or perform at the site(s)?
5. What written assignments did the student complete in order to reflect on the experience?
6. How was the student's reflection on the experience incorporated into classroom discussion?

I certify that the student listed above satisfied the requirements of an experiential learning course.

Instructor's Signature \_\_\_\_\_