Application for Experiential Learning Design – Field Experience

Date filed _______________ Term/Year __________/_______________ Termcode ___________ (Completed by Registrar’s Office)

Name ___________________________ Student ID _______________ Campus Mailbox __________

Student Phone # __________________ Faculty Supervisor __________________ Grading is P/F

Begins ____________ Ends ______________ Site __________________ Position ______________

Internship: Department (ex CRJU) _____ Number (circle one): 197 297 397 497 Credit hours: __

(Attach extra sheet only if more room is necessary)

Learning Goals:

Activities in which you will participate to meet Learning Goals:

Means of Evaluation:

___ Journal
___ Regular conferences with work-site sponsor
___ Reports to field experience office/faculty moderator
___ Site visit
___ Mid-term/final evaluation by work-site sponsor
___ Final summary paper
___ Follow-up session
___ Other: ________________

Student signature date Faculty Supervisor signature date

Work-Site Sponsor signature date Division Head signature date

Overload approval (17.5 hours or more) required by Registrar ______________

Please return this entire form to:
Registrar Office, Defiance College, 701 N Clinton St, Defiance, OH 43512

Office Hours: 8:30 to 4:30 pm M-F Phone: 419-783-2551 Fax: 419-783-2579