**Experiential Learning Activity (ELA)**

**Planning Form**

**Students: You must submit your completed ELA Plan Form to your ELA Mentor BEFORE you begin your ELA.**

1. **Student Information**

Name ID#

Major(s)/Minor(s)

1. **ELA Mentor Information**

Name

Department/Unit

Completed the ELA Mentor Training: 🞏 Yes 🞏 No

1. **Experiential Learning Activity Information (check one and fill out corresponding information)**
   * + - **Independent Study, Undergraduate Research, and Creative Performance**

Type of activity:

Supervisor, if not ELA mentor

* + - * **Community Service Project**

Type of activity:

Supervisor, if not ELA mentor

* + - * **Student Leadership Experience**

Type of activity:

Supervisor, if not ELA mentor

* **Professional Development through Paid or Unpaid Work Experiences or Internships**

Type of activity:

Supervisor, if not ELA mentor

1. **ELA Planning**

Describe your Experiential Learning Activity.

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Describe your position and responsibilities.

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How many hours do you expect to spend on this activity? (note: minimum 16 hours total required)

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Describe the orientation and supervision you will receive for this activity.

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What do you expect to learn from the proposed activity?

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How does this activity either relate to the subject matter of a course, to your major or minor, or to the 4th program outcome of the GEP: “Students will apply their knowledge and skills, working in interdisciplinary ways to solve problems”?

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How will this activity help you develop or enhance your sense of personal responsibility as a member of the larger community you are working with?

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1. **Reflection Information** (check at least one)

□ written reflection (1 page minimum)

□ one-on-one interview (15 minutes minimum)

□ small group discussion (30 minutes minimum)

□ oral presentation (15 minutes minimum)

□ media presentation (15 minutes minimum)

□ journal (5 pages minimum)

□ other ELA mentor-approved reflection (describe below)

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1. **Student/Mentor Meeting and Activity Completion Information**

Scheduled meeting date(s) and time(s):

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Reflection due date:

1. **Approval Signatures:**

The following signatures of agreement and approval must be secured **BEFORE** the student begins the Experiential Learning Activity.

*I have reviewed this student’s proposed Experiential Learning Activity and approve it as meeting the UWSP General Education Program Experiential Learning requirement.*

*I agree to work in collaboration with the student, to monitor the student for the duration of the ELA, and to assess the chosen reflection activity from section V. I agree to provide notification of successful completion of the ELA to the UWSP Records and Registration office.*

**Faculty/Staff ELA Mentor**  **Date**  \_\_

**Print Name** \_\_ \_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I agree to complete this activity by the date agreed in section VI and to work in collaboration with my ELA Mentor. If not, I may reapply for the ELA at the discretion of the ELA Mentor.*

**Student Signature**  **Date** \_\_\_

**Print Name** **Student ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_