

## **285 Exploratory Experience (1-4)**

A non-classroom learning experience, operating on two levels:

(1) Work in a professional or career area under the supervision of a qualified person,

and

(2) A non-directed living-learning situation.

The student is expected to evaluate the experience in light of course work, career plans, or personal growth. Credit will be granted on the assumption that a minimum of 40 hours is equivalent to one credit. The student must have a sponsoring professor. All paperwork for exploratory experiences must be processed prior to the activity and will not be accepted after the fact.

Graded "S/U."



## EXPLORATORY EXPERIENCE – 285

Student's Name \_\_\_\_\_ I.D. # \_\_\_\_\_ Campus Box # \_\_\_\_\_

Phone Number \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Class: (check one) Fr.  Soph.  Jr.  Sr.

To be taken: (check one) Fall  Interim  Spring  Summer  Year: \_\_\_\_\_

Department: \_\_\_\_\_ Number of credit hours registered (1-4): \_\_\_\_\_

State briefly and completely the natures of the project (Include dates, duration, location, etc.)

Date work begins \_\_\_\_\_ Date work ends \_\_\_\_\_

Hrs. per week \_\_\_\_\_ Total hours planned \_\_\_\_\_ (must complete 40hrs per credit)

List possible bibliography: (use proper format)

Describe how your work will be evaluated by the faculty sponsor:

**NOTE:** Before any work is begun, this form must be completed and submitted to the Office of Academic Registration & Records, registration completed and the approved form must be received by the student and sponsoring faculty.

**IT IS THE STUDENT'S RESPONSIBILITY TO GET ALL APPROPRIATE SIGNATURES.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsoring Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Approval of Advisor \_\_\_\_\_ Date \_\_\_\_\_

Approval of Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_