

NOTICE:

This Experiential Education Adobe Print form will be disabled at the conclusion of the spring, 2012 semester. The form will become an advisor-initiated e-FORM.

If you need to be registered for an internship, coop or service learning project after the form has been removed, please meet with your advisor in order to initiate processing.

MONMOUTH UNIVERSITY
 Office of Registration and Records
 West Long Branch, NJ 07764 --- 732-571-3477
EXPERIENTIAL EDUCATION APPLICATION
 Complete information in black ink.

COURSE INFORMATION: Internship Cooperative Education Service Learning Project
COURSE CODE: _____ 89 _____ 88 EX _____ 87

Fall Spring Summer : A B C D E Year
 Department: _____ Professor: _____ Credits: _____

Project Title (22 characters): _____

Section A: Student Information

Name: _____ ID NO. _____
 Address: _____

 Phone: _____
 Name of Emergency Contact: _____ Phone: _____

Section B: Substitution of Curriculum Requirement

This course will be substituted for a curriculum requirement. YES NO

If yes, complete the following information:
 The above-named course will be substituted for the following curriculum requirement:

Curriculum Requirement: Course Code: _____ Title: _____

Section C: Student Agreement

I agree to spend _____ hours per week at the following site _____

Address: _____ Phone: _____

In order to receive credit for this Experiential Education course, I agree to attend all mandatory training and work hours at the above site. I also agree to meet the course requirements outlined in section D.

Student Signature: _____ Date: _____

Section D: Faculty Approval and Course Requirements

The above-named student has permission to engage in this learning project in fulfillment of the Experiential Education requirement. In addition to the number of hours stated above, the student will complete the following course requirements:

Work to be Submitted: _____

Basis for Grading: _____

Interview Dates: _____

Professor's Signature: _____ Date: _____

Department Chair/Date: _____ School Dean/Date: _____ *

* School Dean/Date: Approval for Credit Overload _____ (greater than 18 credits)

For CO-OP Only: Cooperative Education Director/Date _____

For Service Learning Only: Service Learning Coordinator/Date: _____

Experiential Education Director/Date: _____

OR & R Use Only PROCESSED BY: _____ Date: _____ Distribution: Original-
 Registrar, Student, Professor, Ex Ed Director & (if applicable) Cooperative Education, Service Learning

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732-571-3477

EXPERIENTIAL EDUCATION APPLICATION

INSTRUCTIONS

- Student and Professor complete application.
- Obtain approvals of Department Chair, School Dean, and Experiential Education Director.
- For Cooperative Education, obtain the signature of the Cooperative Education Director.
- For Service Learning Project, obtain the signature of the Service Learning Coordinator.
- Send completed and approved form to the Office of Registration and Records.
- Co-ops and internships may not be used to fulfill a major requirement unless approved by the Department Chair or Dean.