

Proposing an Activity for Fulfillment of the EL Requirement

(as an exception to the approved list of courses/activities).

Please submit this form to the office of **Patricia Hunt-Hurst, Associate Dean for Academic Programs, 224 Dawson Hall** at least one month in advance of the start of the activity. Send electronic **submissions to phunt@uga.edu.**

Your UGA faculty/staff mentor should sign this form, indicating endorsement of the activity and commitment to evaluating your learning outcomes at the conclusion of the activity.

**I. General Information**

*To be completed by the student.*

**STUDENT**

Name:

UGA 810 Number: Email:

Phone: Major(s):

Anticipated graduation date:

**ACTIVITY**

TITLE OF ACTIVITY

BRIEF DESCRIPTION OF ACTIVITY

DATES FOR ACTIVITY: *Start:*

WEBSITE FOR THE ACTIVITY (*if applicable*): UGA SPONSORING DEPARTMENT:

**UGA ACTIVITY SUPERVISOR**

*End:*

|  |  |
| --- | --- |
| Name: |   |
| Title: |   |
| Email: |   |
| Phone: |   |

**WHY ARE YOU ASKING FOR THIS EXCEPTION?**

**II. Detailed Description of Project/Activity**

*To be completed by the student with guidance from the Activity Supervisor.*

NOTE TO ACTIVITY SUPERVISOR

• Approved activities will involve student engagement at least equivalent to the depth and/or time commitment of a one- credit course.

• Approved activities will involve regular response to student work by the Activity Director and/or Supervisor, supporting

student reflection and integration of learning through the activity.

(1) Engagement and Mentorship: These are required elements for any EL activity.

**ENGAGEMENT:** Describe the extent of your involvement in the activity.

**MENTORSHIP:** Describe the nature of feedback, supervision, and mentorship you will receive.

(2) Learning Outcomes: Demonstrate learning outcomes in at least two of the following three areas.

**CHALLENGE:** Describe how you will engage in intellectually adventurous activity, pushing your own boundaries, exploring unknown territory, developing new knowledge and skills.

**OWNERSHIP:** Describe how you will exercise independent judgment in defining and/or executing the activity, or otherwise take ownership of the process and outcomes of the activity.

**SELF OR SOCIAL AWARENESS:** Describe how you plan to reflect on the activity (i.e., reflective writing, group discussions, discussion with mentors, journal writing, blogs, etc.).

**STEPS TO TAKE BEFORE ACTIVITY**

1. Student completes both parts of this form and signs;

2. Form must be signed and approved by the activity supervisor;

3. Form must be signed and approved by the **College of Family and Consume r Sciences Certification Officer, Patricia Hunt-Hurst, Associate Dean for Academic Programs,** ***Mailing address 224 Dawson Hall, UGA, Athens, GA 30602-3622***

**SIGNATURES**

Student:

 Date:

Activity Supervisor: Date:

**You can also send a scan of your preliminary, signed form to phunt@uga.edu** 

**FOR DEAN’S OFFICE USE ONLY**

**ACTIVITY APPROVED**

**Certification Officer**:

Date:

— *Certification Officer keeps a copy of this form and returns original to the student. —*

**ACTIVITY NOT APPROVED**

*Explanation:*

**STEPS TO TAKE UPON COMPLETION OF ACTIVITY REQUIREMENT**

1. Form must be signed and approved by activity supervisor;

2. Supervisor forwards copy of the original approved form to the **UGA Office of Experiential Learning Administrative**

**Manager, Kay Stanton,** so that it may be recorded in the student’s Degree Audit.

 *Kay Stanton, Office of Experiential Learning, 322 New College, University of Georgia, Athens, GA 30602*

**ACTIVITY SUPERVISOR APPROVAL**

Activity Supervisor: Date:

**You can also send a scan of your final, signed form to Kay Stanton at** **ugael@uga.edu** 