Please submit electronically and send one hard copy with signature to: Center for Community Involvement, Attn: Jill Perrapato, ELOC Administrative Assistant, jperrapato@pacific.edu

Date: __________

From: ____________________________________________

Program and contact person

Request for approval of ___________________________________________

Course number and name

Please respond to the following questions. Add whatever explanatory information is necessary. Also attach copies of any relevant documents, such as course syllabi, learning contract forms, outlines or instructions for orientation sessions, handouts describing the ELO, guidelines for academic work, sample assignments, and so forth. The Experiential Learning Oversight Committee needs to know how each experiential learning opportunity (ELO) selected by your program meets the university’s general guidelines.

1. Current catalogue description of this ELO:

2. Is this ELO required of majors? Can non-majors participate?

3. What qualifications must students meet to participate?

4. How will students initiate participation in this ELO?

5. What range of semester units will be awarded for this ELO?
6. How many students do you foresee participating in this ELO annually?

7. What kind of prior (and post-) orientation will students receive for this ELO?

8. How will this ELO meet the 160-hour requirement of the general guidelines?

9. What are the academic expectations and learning objectives for students in this ELO, and how will these be communicated?

10. How will achievement of these expectations and learning objectives be assessed and documented? (Please attach a copy of the academic expectations and/or examples of student work.)

11. What are the expectations for faculty supervision?

12. To what extent are faculty expected to establish contacts off-campus that support this ELO?

13. For the success of this ELO, what supplementary faculty training would be helpful?
14. Is this ELO part of assigned faculty workload in your program? Please explain.

Approved by _____________________________ Date ___________

Dean or Assistant Dean

Approved by ELOC _____________________________ Date ___________

ELOC Chair