

**Faculty Record of Intent to Provide Experiential Learning Opportunity Supervision  
Academic Year \_\_\_\_\_**

Please submit the completed form to the Center for Community Involvement by the end of the first month of class meetings. At the conclusion of the semester, please forward a copy of your completed ELO course grade sheet to the Center for Community Involvement. This form, along with the copy of your grade sheet, will be used to verify student participation in approved ELO course offerings and initiate ELO faculty compensation payment. **Faculty are only compensated when supervision represents an overload situation within the given term.**

Instructor: \_\_\_\_\_ Department: \_\_\_\_\_

Approved ELO Course Number/Title: \_\_\_\_\_ CRN: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Projected Enrollment: \_\_\_\_\_ Projected Unit Total: \_\_\_\_\_

Number of students _____	@ 4 units = _____	units
Number of students _____	@ 3 units = _____	units
Number of students _____	@ 2 units = _____	units
Number of students _____	@ 1 units = _____	units
Number of students _____	@ __ units = _____	units

Learning agreement required for student registration: \_\_\_\_\_ Yes \_\_\_\_\_ No

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Form of Faculty Compensation for ELO supervision (check one):

\_\_\_\_\_ Regular Workload \_\_\_\_\_ Overload

Administrative approval / **Dean or Assistant Dean** (as appropriate): **FOR OVERLOAD ONLY**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Administrative Use Only** Date Form Received: \_\_\_\_\_

Verification of student enrollment: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Students/4 units \_\_\_\_\_ 3 units \_\_\_\_\_ 2 units \_\_\_\_\_ 1 unit \_\_\_\_\_

Grade sheet received: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Employment authorization/payroll voucher sent: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_