**Request for Addition of Experiences to *the Record* - IUPUI’s Experiential and Applied Learning Record**

For your experience to be considered for inclusion on the *Record*, please submit the information requested below. Please direct any questions to Tom Hahn, Chair, Experiential and Applied Learning Subcommittee at tomhahn@iupui.edu

**Date:**

**1) Name of Experience:**

Please check the appropriate box below.

[ ]  Curricular: Course Number:

[ ]  Co-curricular

[ ]  Can be both

**2) Subtitle (optional):**

**3) Description of the experience (1-2 paragraphs):**

**4) How many students are expected to participate in this experience annually?**

**5) When is this experience offered?**

**6) Instructor Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| School/Dept. |  |
| Email: |  |
| Phone: |  |

**7) Please complete the chart below. Include up to 4 learning outcomes for the experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Outcome**Student will: | **How will students demonstrate their learning?** | **Profile**  | **How will the learning be assessed?\*** |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |

\*Please attach any instruments (rubrics, surveys). If other is selected, please describe below.

**8)** **Reflection**

Please describe the reflection activities that take place during this experience. Please include prompts.

**9) Achievement Category**

Please check the Achievement Category for this experience.

[ ]  Creative Expression

[ ]  Diversity

[ ]  Global Engagement

[ ]  Internships/Career Development

[ ]  Leadership

[ ]  Research

[ ]  Service

**10) Data maintenance and security**

*Please describe how the data collected on assessment and reflection are securely stored.*

|  |
| --- |
|  |

**11) Summary of Experience** – The chart below will guide the Registrar’s office in entering this experience into the Student Information System. We assume you are responsible for each of these items and have populated the fields. If not, please type in the responsible individual

|  |  |
| --- | --- |
| **Required Experience Criteria** | **Individual(s) responsible for verification (Name/Title)** |
| Experience with Integration of Knowledge |  |
| Reflection  |  |
| Assessment |  |
| Final Office Approval |  |
| Registrar Approval | Erica Morrical, Manager of Enrollment Systems, Office of the Registrar |

**12) High Impact Practice (HIP)**

Please check the appropriate [high impact practice (HIP)](https://www.aacu.org/leap/hips) categories for this experience.

[ ]  Capstone Courses and Projects

[ ]  Common Intellectual Experiences

[ ]  Diversity/Global Learning

[ ]  ePortfolios

[ ]  First Year Seminar and Experiences

[ ]  Internships

[ ]  Learning Communities

[ ]  Project-Based Learning

[ ]  Service Learning, Community-Based Learning

[ ]  Undergraduate Research

[ ]  Writing-Intensive Courses

[ ]  Other:

[ ]  None of the above

**13) The faculty member/program director overseeing the experience agrees to the following:**

1. [ ]  Student(s) will complete all of the requirements outlined in this document before their experiences are entered on the Record.
2. [ ]  A brief assessment report will be provided to the Record subcommittee every three years from the date of approval.
3. [ ]  Student information will be entered into SIS within 30 days after the conclusion of the experience.