

**Experiential Learning  
CO-CURRICULAR COMPLETION FORM**

Please type directly into this form and fill it out in its entirety. Do not print and handwrite on form. This form will only be accepted from the Supervisor/ Advisor of approved Co-Curricular experiential learning opportunities.

Once the form has been completed and signed, email it to [EL@lewisu.edu](mailto:EL@lewisu.edu) for submission.

| <b>Student Information</b>  |                     |  |
|---|---------------------|--|
| <b>Student Name</b>   | <b>Student ID #</b> | <b>Name of Approved Co-Curricular EL Opportunity</b> |
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| <b>Semester of Completion</b>   | <b>Term:</b>        | <b>Year:</b>   |
| <b>SIGNATURES</b>   |                     |  |
| <b>Signature of Supervisor/ Advisor:</b>  |                     |  |
| <b>Date:</b>  |                     |  |
| <b>APPROVALS – FOR OFFICE USE ONLY</b>  |                     |  |
| <b>Signature of Director of Community Engagement and Experiential Learning:</b> |                     |  |
| <b>Date:</b>  |                     |  |

Note: By typing your name above you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Questions should be directed to Dr. Laura Franklin, Vice Provost for Undergraduate Academic Affairs at [lfranklin3@lewisu.edu](mailto:lfranklin3@lewisu.edu).