Experiential Learning (EL)
Non-Course Experience Completion Form

Notes and Instructions

Please type directly into form. Do not print and handwrite on form.
Please fill out this form in its entirety.
Once completed, email this form to EL@lewisu.edu.
This form will be accepted only from the Supervisor/Advisor.
Questions should be directed to Laura Franklin, Vice Provost, Undergraduate Academic Affairs

Student Information		
Student Name:	**Student ID**	**EL Non-Course Experience Name**
Semester of Completion	Term:	Year:

Approvals and Signature			
Experiential Learning Director			
Supervisor/Advisor Signature		**Date:**	

Please 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.

Revised: Oct 2024