Application for Experiential Learning Credit (MAPE)

Student name: _______________________________  Semester: ______________

Course Number and Title: ____________________  Instructor: ___________________

Why taking or teaching this course should count for experiential learning credit for the MAPE track:

Student signature: ________________________________  Date: ___________

__ approved  __ denied by MAPE committee. Reason, if denied:

MAPE committee chair signature: _________________ Date: ____________

MAPE chair makes 2 copies of this form, one for student, one for DGS; original kept by committee.