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.