



**Franklin College of  
Arts and Sciences**  
**UNIVERSITY OF GEORGIA**

## Proposing an Activity for Fulfillment of the Experiential Learning Requirement (as an exception to the approved list of courses/activities)

1. Identify an activity and a faculty member at UGA willing to act as your Activity Supervisor. This faculty member should be willing to endorse your activity, offer guidance as you complete this form, regularly respond to your work in this activity, and commit to evaluating your learning outcomes at the conclusion of the activity.
2. Complete sections 1-2 of this form in conversation with your Activity Supervisor.
3. Submit this form via email to Kris Petti at [pettik@uga.edu](mailto:pettik@uga.edu), for review by the Franklin College Certification Officer, at least one month prior to the start of the activity.
4. Following the successful conclusion of an approved activity, your Activity Supervisor should sign and submit the form as directed on the last page.

### I. General Information

*To be completed by the student*

#### STUDENT INFORMATION

Name: \_\_\_\_\_

UGA 81-number: \_\_\_\_\_

Email address: \_\_\_\_\_

Major/s: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

#### ACTIVITY

Title of Activity

\_\_\_\_\_

\_\_\_\_\_

Brief Description of Activity (including URL if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates for Activity: \_\_\_\_\_ (start) to \_\_\_\_\_ (end)

**UGA ACTIVITY SUPERVISOR** (must be UGA faculty member)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**RATIONALE FOR EXCEPTION**

Please note that exceptions are granted only in cases where students can document that they cannot satisfy the requirement through approved courses or non-credit bearing experiences. For a list of these experiences, see [www.el.uga.edu](http://www.el.uga.edu)

**2. Detailed Description of Project/Activity**

*To be completed by the student with guidance from the Activity Supervisor. Note:*

- *Approved activities will involve student engagement at least equivalent to the intensity, depth, and/or time commitment of a one-credit course.*
- *Approved activities will involve regular response to student work by the Activity Director and/or Activity Supervisor, supporting student reflection and integration of learning through the activity.*

*Engagement and Mentorship: required elements for any EL activity.*

**ENGAGEMENT:** Describe how you will be involved in the activity.

**MENTORSHIP:** Describe the nature of the supervision, feedback, and mentorship you will receive including a plan for how the activity director or your UGA Activity Supervisor will respond regularly to your work, how they will help you reflect upon and integrate your learning through the activity, and how they will help you set goals for your learning.

*Challenge, Ownership, Self- or Social Awareness: the activity must meet at least two of these criteria.*

**CHALLENGE:** Describe how you will engage in intellectually adventurous activity, push your own boundaries, explore unknown territory, and develop new knowledge and skills.

**OWNERSHIP:** Describe how you will exercise independent judgment in defining and/or executing the activity, or otherwise take ownership of the process and outcomes of the activity.

**SELF- OR SOCIAL AWARENESS:** Describe how you plan to reflect on the activity (including reflections on what you learned, and on what values and attitudes you developed in the course of the activity).

**SIGNATURES REQUIRED FOR INITIAL PROPOSAL**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Signatures Required for EL Approval

**FOR FRANKLIN COLLEGE DEAN'S OFFICE USE ONLY**

ACTIVITY APPROVED

Jamie Kreiner, Associate Dean: \_\_\_\_\_ Date \_\_\_\_\_

ACTIVITY NOT APPROVED

Explanation: \_\_\_\_\_  
\_\_\_\_\_

**UPON COMPLETION OF ACTIVITY REQUIREMENT**

Your UGA Activity Supervisor should review and sign this section of the form, then send a copy of it to the Senior Coordinator of Experiential Learning Programs, Kay Stanton, at [ugael@uga.edu](mailto:ugael@uga.edu) (or to the Office of Experiential Learning in 308 New College).

**ACTIVITY SUPERVISOR APPROVAL**

Activity Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_