

## Interdisciplinary Studies Experiential Learning Application

Please email a LEGIBLE scanned copy of this completed application packet to the Interdisciplinary Studies Graduate Coordinator at [mais@gmu.edu](mailto:mais@gmu.edu). NOTE: To save your edits, download the file first, then open it directly from your computer to complete.

### Student Information

|               |  |       |  |
|---------------|--|-------|--|
| Student Name  |  |       |  |
| G Number      |  | Email |  |
| Concentration |  |       |  |

### Experiential Learning Site Information

|              |  |
|--------------|--|
| Site Name    |  |
| Site Website |  |
| Type of Work |  |

### Experiential Learning Course Information

|                                |  |                   |  |
|--------------------------------|--|-------------------|--|
| Course Prefix, Number, & Title |  |                   |  |
| Enrollment Term                |  | Number of Credits |  |
| Instructor of Record           |  | Instructor Email  |  |

### Note: Course Credits Per On-site Hours

Based on the Carnegie credit formula, students must work a minimum number of hours to earn each course credit.

| On-site Hours (60 minutes per hour) | Minimum of 37.5-50 | Minimum of 75-100 | Minimum of 112.5-150 |
|-------------------------------------|--------------------|-------------------|----------------------|
| Credits                             | 1                  | 2                 | 3                    |

How did you identify your experiential learning site?

Signing this form affirms that the learning objectives, activities, and hours listed above are acceptable to the site supervisor and meet the student's educational goals. If students are relieved of their duties by their site for poor performance, they may incur a failing grade, and not receive course credit. A syllabus agreed upon by the instructor and student is required to be submitted alongside this form. A sample syllabus can be found on the MAIS website on the experiential learning page.

Student Signature/Date

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Site Supervisor Signature/Date

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Instructor of Record Signature/Date

(by checking this box you affirm that you have read the Responsibilities of an EL Instructor of Record)

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Concentration Head Signature/Date

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Interdisciplinary Studies Signature/Date

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