FACULTY REQUEST TO RENEW EXL CLASS

Name: _________________________________________________________

Email Address: __________________________________________________

Department: ___________________________________________________

Course Number: ____________ Course Title: _______________________

Course Type:  □ co-op/internship  □ study abroad  □ lab course

                     □ applied experience  □ service learning  □ creative activity

                     □ teacher education

Explain any changes in project or assignments since course was initially approved by EXL:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty: ___________________________ Signature: ___________________________

EXL Director: ______________________ Signature: ___________________________
Report of EXL Activities

Semester: ________________

This information is needed for your EXL course so that we can estimate the dollar value of impact on the community for EXL activities. Please complete a separate survey for each course you teach with an EXL designation. There is no need to complete a separate survey for multiple sections of the same course.

Course: ______________________________
Instructor: ____________________________

1. Explain the project your students will complete for EXL credit:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Explain the outcome of your EXL class activity:
Number of students in class: ____________________________
Number of class projects: ____________________________
Total hours spent per student on this project: ____________________________
Total hours spent per project: ____________________________ (may be the same as previous question if students did not work in groups)
Were students paid? If so, how much?

___________________________________
3. Additional Information:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________