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: