Application for Approval of MTSU Internal Activity for EXL Credit
Experiential Learning
Middle Tennessee State University
Box 247
Murfreesboro, Tennessee 37132
(615) 898-5542 • Fax: (615) 898-5308
www.mtsu.edu/experience

Information may be typed or clearly written.

Name: _______________________________ MTSU ID: _______________________________

Major: ______________________________ Semester/Year of Experience: __________________________

Email Address: ________________________ Start Date/Finish Date: ______________________________

Telephone: ___________________________

MTSU Office/Organization: __________________________ Supervisor: ___________________________

Office/Organization Phone: ___________________________

Activity Type: (Check one) ______ Participation in campus-sponsored charitable activity*
______ Participation in individual volunteer activity*
______ Campus organization leader*

Number of Hours Credit: ___________

Activity Description: Answer the three questions below on separate paper.
1. What is the rationale for selecting this activity?
2. What do you expect to learn from the activity?
3. What potential challenges do you expect to encounter while completing this project?
4. What is the time commitment for this project?

_______________________________ Signature: ______________________________
(Student) (print clearly or type name)

_______________________________ Signature: ______________________________
(MTSU Office/Organization EXL Contact) (print clearly or type name)

_______________________________ Signature: ______________________________
(EXL Coordinator) (print clearly or type name)

* Requirements: work at least 40 hours (may do multiple short projects), complete 500 word reflective essay within 2 weeks of completing project.