



Students: You must submit your completed ELA Plan Form to your ELA Mentor BEFORE you begin your ELA.

I. Student Information

Name _____ ID# _____

Major(s)/Minor(s) _____

II. ELA Mentor Information

Name _____

Department/Unit _____

Completed the ELA Mentor Training: Yes No

III. Experiential Learning Activity Information (check one and fill out corresponding information)

- Independent Study, Undergraduate Research, and Creative Performance**

Type of activity: _____

Supervisor, if not ELA mentor _____

- Community Service Project**

Type of activity: _____

Supervisor, if not ELA mentor _____

- Student Leadership Experience**

Type of activity: _____

Supervisor, if not ELA mentor _____

- Professional Development through Paid or Unpaid Work Experiences or Internships**

Type of activity: _____

Supervisor, if not ELA mentor _____

IV. ELA Planning

Describe your Experiential Learning Activity.

Describe your position and responsibilities.

How many hours do you expect to spend on this activity? (note: minimum 16 hours total required)

Describe the orientation and supervision you will receive for this activity.

What do you expect to learn from the proposed activity?

How does this activity either relate to the subject matter of a course, to your major or minor, or to the 4th program outcome of the GEP: "Students will apply their knowledge and skills, working in interdisciplinary ways to solve problems"?

How will this activity help you develop or enhance your sense of personal responsibility as a member of the larger community you are working with?

V. Reflection Information (check at least one)

- written reflection (1 page minimum)
- one-on-one interview (15 minutes minimum)
- small group discussion (30 minutes minimum)
- oral presentation (15 minutes minimum)
- media presentation (15 minutes minimum)
- journal (5 pages minimum)
- other ELA mentor-approved reflection (describe below)

VI. Student/Mentor Meeting and Activity Completion Information

Scheduled meeting date(s) and time(s):

Reflection due date: _____

VII. Approval Signatures:

The following signatures of agreement and approval must be secured **BEFORE** the student begins the Experiential Learning Activity.

I have reviewed this student's proposed Experiential Learning Activity and approve it as meeting the UWSP General Education Program Experiential Learning requirement.

I agree to work in collaboration with the student, to monitor the student for the duration of the ELA, and to assess the chosen reflection activity from section V. I agree to provide notification of successful completion of the ELA to the UWSP Records and Registration office.

Faculty/Staff ELA Mentor _____

Date _____

Print Name _____

Phone _____

I agree to complete this activity by the date agreed in section VI and to work in collaboration with my ELA Mentor. If not, I may reapply for the ELA at the discretion of the ELA Mentor.

Student Signature _____

Date _____

Print Name _____

Student ID # _____