

MONMOUTH UNIVERSITY
Office of Registration and Records
West Long Branch, NJ 07764 --- 732-571-3477

EXPERIENTIAL EDUCATION APPLICATION

Complete information in black ink.

COURSE INFORMATION: Internship Cooperative Education Service Learning Project

Fall Spring Summer 1 Summer 2 Summer 3 Year

Department: _____ Professor: _____ Course Code: _____ Credits: _____

Project Title (22 characters): _____

Section A: Student Information

Name: _____ ID NO. _____

Address: _____
_____ Phone: _____

Name of Emergency Contact: _____ Phone: _____

Section B: Student Agreement

I agree to spend _____ hours per week at the following site _____

Address: _____ Phone: _____

In order to receive credit for this Experiential Education course, I agree to attend all mandatory trainings and work hours at the above site. I also agree to meet the course requirements outlined in Section C.

Student Signature: _____ Date: _____

Section C: Faculty Approval and Course Requirements

The above named student has permission to engage in this learning project in fulfillment of the Experiential Education requirement. In addition to the number of hours stated above, the student will complete the following course requirements:

Work to be Submitted: _____

Basis for Grading: _____

Interview Dates: _____

Professor's Signature: _____ Date: _____

Section D: Substitution of Curriculum Requirement

This course will be substituted for a curriculum requirement. YES NO

If yes, complete the following information:

The above named course will be substituted for the following curriculum requirement.

Curriculum Requirement: Course Code: _____ Title: _____

Department Chair/Date: _____ School Dean/Date: _____

Experiential Education Director/Date: _____

For CO-OP Only: Cooperative Education Director/Date _____

For Service Learning Only: Service Learning Coordinator/Date: _____

OR & R Use Only PROCESSED BY: _____ Date: _____

Distribution: Original-Registrar, Student, Professor, Ex Ed Director & (if applicable) Cooperative Education, Service Learning

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INSTRUCTIONS

All completed applications are due by the conclusion of the third week of the regular semester, or its equivalent in the shorter summer sessions. Failure to register for the Experiential Education credits by the deadline will affect your financial aid.

- Student and Professor complete application.
- Obtain approvals of Department Chair, School Dean, and Experiential Education Director.
- For Cooperative Education, obtain the signature of the Cooperative Education Director.
- For Service Learning Project, obtain the signature of the Service Learning Coordinator.
- Send completed and approved form to the Office of Registration and Records.
- Co-ops and internships may not be used to fulfill a major requirement unless approved by the Department Chair or Dean.

If the student is already registered for courses for the semester, send completed application to the Office of Registration and Records (Wilson Hall, Room 208). Staff from the OR&R will process the application and register the student for the course. If applicable, a bill will be sent from the Bursar's Office.

If the student is not already registered for any other courses for the semester, the student must bring the application to the Office of Registration and Records (Wilson Hall, Room 208) and register in person.