



Experiential Learning Contract

Microbiology Majors (11:680)

Instructions

Please complete this form with your project and course details. After your Principal Investigator (PI) has signed it and you and your mentor have agreed to the terms, email the form to the Microbiology Program Coordinator and Program Director for review.

Program Contact Information

- Program Director:** Dr. Ines Rauschenbach | inesrau@sebs.rutgers.edu
- Program Coordinator:** Lindsay Vasy | lindsay.vasy@rutgers.edu

Student Information

Student Name _____
Email _____
Major _____

RUID _____
Cell # _____
Grad Date (Month/Year) _____

Experiential Learning Experience

Start Date _____ End Date _____

Location:

On Campus(Address)

Off Campus (Address)

Number of credits requesting: _____
(1 credit hour = 45 hours of work)

Type of EL Experience:

Choose one: Research Internship Study Abroad

Choose one: Lab Fieldwork Independent Study

Special Program (if applicable): _____
(examples include but are not limited to SPIN, ARESTY, GH Cook)

Is this experience: Paid Unpaid

Department/Organization Name _____

Course number: _____

Index number: _____

This experience will fulfill the: RU SEBS EL Requirement **or** RU SEBS elective credits

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Department of Biochemistry & Microbiology | Microbiology Majors (11:680)

Description of experiential learning experience (no more than 250 words)

Learning goals should be created in collaboration with the student, EL mentor and in some cases the EL coordinator. **Projects should have no less than 3 goals.**

Learning goal #1

Learning goal #2

Learning goal #3

Assessment Plan:

Written report Poster presentation Exam Skills demonstration Other

Provide a brief description detailing the requirements of the assessment plan, and evaluation of the learning goals which must include a personal reflection about the experience:

All students must complete and submit the following to the EL Coordinator:

1. Completed Learning Contract (prior to the experience)
2. Scholarly product with a required reflection component (after the project is completed)

EL Mentor Name & Title _____

Email _____ Phone # _____

Department/Organization _____

EL Coordinator Name & Title _____

Email _____ Phone # _____

Department/Organization _____

Student Signature _____ Date _____

EL Mentor Signature _____ Date _____

EL Coordinator Signature _____ Date _____

For questions, contact the Program Coordinator or Program Director at the emails listed above.