

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
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Student Information

Student Name _____ RUID _____
Email _____ Cell # _____
Major _____ 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

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

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