

Colorado State University – Pueblo

Experiential Education Course Designation “Pre-Approval” Form

Please SUBMIT a copy of the course SYLLABUS in addition to the “Pre-Approval Form”.

Faculty Member: _____

Phone: _____

Email: _____

Academic Department(s): _____

Course Title (include department prefix and number): _____

Course Credit Hours: _____

For which semester(s) are you requesting approval?

Fall _____ Spring _____ Summer _____

Will this be a one-time course designation or permanent course designation?

_____ One-time _____ Permanent (more than 1 semester)

Will the EE course designation be instructor-specific (course is designated EE only when taught by specific instructor) or course-specific (course is designated EE regardless of instructor)?

_____ Instructor-specific _____ Course-specific

- 1) Based on the CSU-Pueblo “Description of Designated Experiential Education Courses”, explain how your proposed course will meet these principles and guidelines.

2) A minimum of 10 hours of experiential education coursework is required for each hour of course credit. Outline and define the time devoted to experiential education and explain how this time commitment fulfills this requirement.

3) Experiential Education requires a reflective component. Describe how your course includes and incorporates structured reflection.

Approvals:

Department Chair: _____ Date: _____

Experiential Education Director: _____ Date: _____