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**Individual Experiential Learning Opportunity (ELO) Verification Form**

**Submit form to Dr. Darlene Weaver at** **weaverd1@duq.edu**

Title/Course Name of ELO: Click or tap here to enter text.

Director Overseeing the ELO: Click or tap here to enter text.

Date(s) of the ELO: From Click or tap here to enter text. to Click or tap here to enter text.

***To be completed by the Student:***

**1.** **Briefly describe the ELO project, including activities, resources, and the total hours involved.**

Click or tap here to enter text.

**2. Briefly describe the population(s) that you engaged during this experience and the manner/modes by which you communicated and collaborated with that population(s).**

Click or tap here to enter text.

**3. List the goals and/or expectations of this ELO from your original ELO proposal as they relate to the civic identity that you expected to develop because of your involvement in the ELO.**

Click or tap here to enter text.

**4. List the assessment criteria from the original ELO proposal describing how the ELO influenced your commitment to community engagement and the common good.**

Click or tap here to enter text.

***To be completed by the Director:***

1. Given the original ELO proposal, share any post-ELO evaluations of the student(s) (e.g., supervisor evaluations of performance, self-evaluations). Click or tap here to enter text.
2. Based on the criteria stated in the original ELO proposal, describe whether the student(s) successfully completed the requirement(s) for the ELO. Click or tap here to enter text.

**Please obtain the required endorsements and approvals via signatures below.**

Student:

*Click or tap here to enter text.* ­­Click or tap to enter a date.

**Student Name** **Date**

Experiential Learning Director:

*Click or tap here to enter text.* ­­Click or tap to enter a date.

**ELO Director Name** **Date**

School Designee:

*Click or tap here to enter text.* ­­Click or tap to enter a date.

**School Designee to Approve ELO** **Date**

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