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**Individual Experiential Learning Opportunity (ELO) Proposal**

**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.

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

**Classification of ELO:**

[ ] University Course (for credit)

#credits: Click or tap here to enter text.

Course Name/Number: Click or tap here to enter text.

[ ] University Course (non-credit)

Course Name/Number: Click or tap here to enter text.

[ ] Experience with no course designation

Is this a paid experience?

[ ]  Yes

[ ]  No

Location of this ELO (NOTE: Verification and/or documentation of University approval of the location may be necessary. Check with your School designee for more information.)

[ ] University On campus. Please identify: Click or tap here to enter text.

[ ] University Local community location. Please identify: Click or tap here to enter text.

[ ] University Other location. Please identify: Click or tap here to enter text.

There are nine (9) categories of engagement that could qualify as potential opportunities for students to successfully complete the experiential learning requirement. Please identify which of the following categories listed below best represents this experience; mark all that apply.

[ ] University Community-Engaged Learning Courses/Experiences

[ ] University Study Abroad Experiences

[ ] University Internships

[ ] University Field Placements

[ ] University Clinical/Practicum Experiences

[ ] University Independent Study/Research

[ ] University Creative and Public Performance

[ ] University Faith and Mission Based Experiences (Immersive)

[ ] University Leadership

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

1. **Briefly describe the proposed ELO project.**
	1. What activities will you, the student, undertake? Click or tap here to enter text.
	2. What resources will your project require? Click or tap here to enter text.
	3. Estimate the total number of hours your project will involve. Click or tap here to enter text.
	4. Why this project? Click or tap here to enter text.

Assessment Criteria for Director use:

* Proposal describes a meaningful and substantial project, appropriate in scale for meeting the Bridges ELO requirement.
1. **Briefly describe the population(s) that you will engage in during this experience and the manner/modes by which you will communicate and collaborate with that population(s).**

Click or tap here to enter text.

Assessment Criteria for Director use:

* Proposal describes both how students communicate and collaborate with the population(s) engaged with during the ELO.
1. **Briefly describe a minimum of three goals and/or expectations of this ELO as they relate to the civic identity that you are expected to develop because of your involvement in the ELO.**

Click or tap here to enter text.

Assessment Criteria for Director use:

* Proposal identifies at least three civic identity goals/expectations of the ELO.
1. **Briefly describe how you will be assessed to determine how the ELO influenced your commitment to community engagement and the common good.**

Click or tap here to enter text.

Assessment Criteria for Director use:

* Proposal must describe pre- and post-ELO evaluations of the student (e.g., supervisor evaluations of performance, self-evaluations/reflections).
* Proposal must describe the criteria by which the student may successfully complete the requirement(s) for the ELO.

**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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