Worksheet for Experiential Education Requirement

Washington College International Studies Program

Directions: Please see http://is.washcoll.edu/experientialeducation.php for an overview of this graduation requirement. Once you have *completed* your experience, submit this completed worksheet to Ms. Cindy Licata, faculty secretary in Goldstein 224. No electronic submissions will be accepted.
**Completed worksheets also will be collected in the second week of the IS Seminar each year. Students who have not completed this requirement by this point should discuss graduation plans with the Director of International Studies.

Your name: _____ First semester registered at WAC: _____

Intended semester to graduate from WAC: _____

Intended Second Major: _____ Intended Minor: _____

Intended Regional or Functional Concentration(s): _____

I certify that the information provided on this sheet is correct: _____
Sign your name above Date submitted

Circle the type of experiential education you have completed below

Internship **Model Program** **Additional Study Abroad** **Volunteer/Advocacy Project**

When did you complete this activity? _____
* Please indicate semester/year for Model Programs and Additional Study Abroad; a specific date range for Internships or Projects.

Name of Internship/Project Host, or Model Program/Abroad Location: _____
* For Study Abroad, list first *and* additional location. For Projects, if you did not have a formal host, list the title of your project.

Feedback / Suggestions – *Please share your thoughts so we can better advise future students*:

1. Would you recommend your chosen experience to other students? Definitely / Maybe / No
2. Was your experience a useful supplement to your classroom education at WAC? Definitely / Some / No
3. Please consider offering specific feedback or suggestions on the reverse side of this worksheet.

Additional information to be completed for *Internships* and *Volunteer/Advocacy Projects* only:

Name & title of supervisor: _____
* For Advocacy Projects, list information for the supporting organization (if one), OR the name of a supervising faculty member.

Contact information for supervisor: Tel: _____; Email: _____

Address: _____

Total hours devoted to this experience: ____ hours

How was your time divided? _____
* For example, "40 hours/week for 2 weeks" or "One day (6 hours) per week for 12 weeks" or "2 half-days for 10 weeks"