

This form can be filled in online but can not be saved. Please print it out, get appropriate signatures and submit to Human Resources.



Experiential Learning Contract

Name: _____ Department: _____

Phone No.: _____

Number of hours for consideration: _____

NOTE: A maximum of 24 hours can be credited for an experiential activity. A maximum of 32 hours can be credited for the completion of a course.

I. Type of learning experience:
(For example: Cross training, job exchange, or job rotation)

II. Learning goals:
(What do you hope to learn?)

III. Strategies:
(What steps will you take to meet these goals?)

IV. Time frames:
(Total length of experiential period and hours per day or week.)

V. Evaluation criteria:



Employee's Signature _____

_____ Date

Supervisor's Signature _____

_____ Date

Approval of Department Head _____

_____ Date