

Texas Woman's University – Experiential Learning
Pioneering Pathways: Learn by Doing
Experiential Learning Project Presentation Support Program
Fall 2018- Spring 2019

STUDENT INFORMATION			
Name:		ID#:	
Major:		Phone:	
Email:			

FACULTY MENTOR INFORMATION	
Name:	Email:

TITLE OF PROJECT:	
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<p>Is the student applicant a recipient of other internal/external support? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," briefly list the source(s) of additional support:</p>
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<p>What is/are the anticipated venue(s) for dissemination of the student's project results (i.e., Student Creative Arts & Research Symposium, Cultural Connections Conference, professional conference, publication, etc.)</p>
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ATTACHMENTS	
<input type="checkbox"/> Description of Proposed Project	<input type="checkbox"/> Learning Outcomes
<input type="checkbox"/> Expectations	<input type="checkbox"/> Project Timeline

SIGNATURES
<p><u>Student Applicant:</u> I agree to work with the faculty mentor to complete the proposed work and adhere to the requirements of this program: Signature: _____ Date: _____</p>
<p><u>Faculty Mentor:</u> I agree to work with and mentor the student applicant as outlined in this application: Signature: _____ Date: _____</p>