



FACULTY REQUEST TO RENEW EXL CLASS

Name: _____

Email Address: _____

Department: _____

Course Number: _____ Course Title: _____

- Course Type: co-op/internship study abroad lab course
- applied experience service learning creative activity
- teacher education

Explain any changes in project or assignments since course was initially approved by EXL:

Faculty: _____ Signature: _____

EXL Director: _____ Signature: _____

Report of EXL Activities

Semester: _____

This information is needed for your EXL course so that we can estimate the dollar value of impact on the community for EXL activities. Please complete a separate survey for each course you teach with an EXL designation. There is no need to complete a separate survey for multiple sections of the same course.

Course: _____

Instructor: _____

1. Explain the project your students will complete for EXL credit:

2. Explain the outcome of your EXL class activity:

Number of students in class: _____

Number of class projects: _____

Total hours spent per student on this project: _____

Total hours spent per project: _____ (may be the same as previous question if students did not work in groups)

Were students paid? If so, how much?
