



DEPARTMENT OF POLITICAL SCIENCE
COLLEGE OF ARTS AND SCIENCES

APPLICATION FOR POLS8995 EXPERIENTIAL LEARNING

What semester and year are you applying for? **SPRING** **SUMMER** **FALL** Year _____

DATE	NAME	PANTHER # (9 digit number, starts with 00)
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PLEASE PRINT CLEARLY IN INK OR TYPE

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Georgia State University Email Address _____

Experiential Learning Site _____

Start Date, End Date, and Hours per Week _____

Number of Credit Hours Requested _____

Summary of Work to be Performed _____

Experiential Learning Supervisor _____

Contact Email _____

Contact Phone _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- Completed Application
- A typed one page, single-spaced, statement of purpose addressing the following: **WHAT** you hope to gain from the experiential learning; **HOW** it is related to your career goals; and **WHY** you decided to work at the specific site.
- A letter from the organization where the experiential learning will be performed. The letter must state the start date, end date, the hours per week of the experiential learning, where the experiential learning will be performed, the type of work that will be performed, and the contact information for the experiential learning supervisor.

Student Signature

Experiential Learning Faculty Supervisor Signature

M.A. Advisor or Graduate Director Signature