

CALUMET COLLEGE OF ST. JOSEPH

EXPERIENTIAL LEARNING ACTIVITY REQUEST

INSTRUCTIONS: PLEASE TURN IN @ LEAST 2 MONTHS IN ADVANCE FOR PROCESSING.
This form is to be completed by the applicant and forwarded to the immediate supervisor. After approval by supervisor, send to VPAA for approval. After approval by VPAA applicant will be notified.

I request funds for the following experiential learning activity.

Activity _____

Location _____

Date(s) _____

Number of Students Participating _____

Course (s) Participating _____

Travel *Van Rental Required: yes no

Admission Fee _____ Hotel _____

Other _____

*must be CCSJ insurance eligible. (See Mary Severa for instructions)

Total Amount Requested (Est.) \$ _____

Fees to be paid in advance ___YES ___NO (See Mary Severa)

Will this be a reoccurring event? ___YES ___NO

Applicant's Signature

Date

Supervisor's Signature

Date

Request: ___ Approved ___ Denied

VPAA Signature

Date