



**Franklin College of
Arts and Sciences**
UNIVERSITY OF GEORGIA

Request for a Performance Activity to Fulfill the Experiential Learning Requirement

(This form is limited to students who participated in a non-credit-bearing UGA music ensemble or theater production that was equivalent to the intensity, depth, and/or time commitment of a one-credit course (or more).

1. Complete sections 1-2 of this form.
2. Request the signature of a faculty member at UGA who supervised the activity and can verify your participation.
3. Attach documentation (program, master calendar item, playbill, etc.).
4. Submit this form to Kris Petti at pettik@uga.edu for review by the Franklin College Certification Officer.

1. General Information

To be completed by the student

STUDENT INFORMATION

Name: _____

UGA 8I-number: _____

Email address: _____

Major/s: _____

Anticipated graduation date: _____

ACTIVITY

Description of Activity (including URL if applicable)

Dates for Activity: _____ (start) to _____ (end)

UGA ACTIVITY SUPERVISOR (must be UGA faculty member)

Name: _____

Email: _____

2. Detailed Description of Project/Activity

Engagement and Mentorship: required elements for any EL activity.

ENGAGEMENT: Describe how you were involved in the activity, including the total number of hours per week that it required.

MENTORSHIP: Describe the nature of the supervision, feedback, and mentorship you received, including how the UGA faculty member helped you reflect upon and integrate your learning through the activity.

CHALLENGE: Describe how the was intellectually adventurous: how did you push your own boundaries, explore unknown territory, and develop new knowledge and skills in the course of it?

OWNERSHIP: Describe how you exercised independent judgment in defining and/ or executing the activity, or otherwise took ownership of the process and outcomes of the activity.

SELF- OR SOCIAL AWARENESS: Describe what you learned, and what values and attitudes you developed in the course of the activity.

SIGNATURES REQUIRED

Student: _____ Date: _____

Faculty Supervisor: _____ Date: _____

FOR FRANKLIN COLLEGE DEAN'S OFFICE USE ONLY

ACTIVITY APPROVED

Paula Lemons, Associate Dean: _____ Date _____

ACTIVITY NOT APPROVED

Explanation: _____
