

**SCHOOL OF LEADERSHIP AND EDUCATION SCIENCES
INTERNATIONAL EXPERIENCE REQUIREMENT¹ APPLICATION FORM**

SECTION I: *This section of the form must be completed before the international experience begins.²*

Name: _____

USD ID: _____

Advisor: _____

Degree Program: _____

Description of proposed experience: _____

Date(s) of experience: _____

Anticipated learning outcomes: _____

Candidate's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

SECTION II: *This section of the form must be completed after the international experience. Complete documentation of the experience must be submitted to your advisor within one month of the international experience and at least two weeks prior to program completion.*

Assessment

To demonstrate the learning as a result of this international experience, the student completed the following:

- | | |
|---|--|
| <input type="checkbox"/> Electronic presentation | <input type="checkbox"/> One-on-One conference between student and faculty or class discussion |
| <input type="checkbox"/> Global study course assessment | <input type="checkbox"/> Oral presentation (with portfolio or capstone) |
| <input type="checkbox"/> International Experience paper | <input type="checkbox"/> Written Reflection |
| <input type="checkbox"/> Participation in symposia on international experiences | <input type="checkbox"/> Other (with permission) _____ |

By signing below, the candidate and the instructor or activity coordinator / supervisor confirm the candidate's participation in the pre-approved international experience:

Instructor / Coordinator's signature: _____ Name: _____
Title: _____ Phone / E-mail: _____

Candidate's signature: _____ Date: _____

Note: Each degree program and/or specialization may have specific guidelines that restrict the above choices. Consult your advisor for more information before completing your assessment.

¹ All experiences must meet the International Experience Goals and Objectives set by SOLES, and the candidate's degree program.

² Some variation between the anticipated activity and the actual activity may be expected. However, if there is a significant change in the nature of the activity, this form must be re-submitted to the advisor for approval prior to the start of the international experience.

FOR ADMINISTRATIVE USE Advisor approval: Initial: _____ Date: _____ Program Coordinator/Director/Chair Approval: Initial: _____ Date: _____
