UNIVERSITY OF IOWA
INTERNATIONAL STUDIES PROGRAM

PROGRAM OPTION C
EXPERIENTIAL LEARNING ACTIVITY APPROVAL FORM

Submit to the International Studies Program
intlstudies@uiowa.edu

Student Name______________________________________ Student ID number____________________

E-mail_________________________________________ Track ________________________________

Other major(s), minor(s), certificate(s):

Describe your proposed experiential learning activity (i.e., what will you be doing; where will you be doing it; when (and for how long) will you be doing it).

Explain why this experience is meaningful for you; for your current International Studies academic plan; and for your future goals (attach extra sheet(s) if needed).

International Studies Program

Date received ________________