SIFE Experiential Learning – MGMT 395

Name_____ ID#_____ Major_____ Box_____ Term_____

Site Location _____ Phone (_____)_____

Supervisor's Name _____ Faculty Moderator Name _____

Start Date _____ End Date _____ No. Credits __2__ Grading: A/F ____ H/S/U ___

LEARNING GOALS (1-5):	OBJECTIVES/RESPONSIBILITIES/ ACTIVITIES TO MEET GOAL:	MEANS OF EVALUATION:

ATTACH SHEET FOR ADDITIONAL GOALS, OBJECTIVES, EVALUATION METHODS

_____
STUDENT SIGNATURE DATE

_____
FACULTY MODERATOR SIGNATURE DATE

_____
DEPARTMENT CHAIR SIGNATURE DATE