## Appendix F-2

## LC Integrative Experience Form

Section A: LC Faculty & Class Information

LC Date (select one):	? Fall	/ Session	Spring	/ Session	2 Summer	/ Session	
First Name:				Last Name:			
Course:				Course Reference #:			
Course Name:							
Meeting Days:				Meeting Time:	Start Time:	End Time:	
BC E-mail:				Telephone:	-		
Campus:				Course Credit:			
Department:				Associate Dean:			
First Name:				Last Name:			
Course:				Course Reference #:			
Course Name:				Course Reference in			
Meeting Days:				Meeting Time:	Start Time:	End Time:	
BC E-mail:			<u> </u>	Telephone:	Start Time.	Life Time.	
Campus:				Course Credit:			
Department:				Associate Dean:			
Department.				Associate Deall.			
Section B: Integrative Learning Experiences							
Please note, an integrative learn	ing exnerie	ence is considered but n	ot limited to	the following:			
ricuse note, an integrative learn	iiig experie	thee is considered but in	ot illilited to	the following.			
Student-led discussions		Innovative use of ted	chnology/soft	tware Student sp	eeches or pres	entations	
Creative projects		Community-based le			Student speeches or presentations Reflective essays/journaling		
Student performances		Field trips			aper/project	0	
Online learning		Guest speakers			Service Learning or volunteer projects		
Contextualization		Short-term travel			ities (ex: watch		
Name of LC:							
Describe thematic focus & LC	purpose:						
	<u>.</u>						
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Doscribo Intogrativo Loarning Ex	norionco						
Describe Integrative Learning Experience							
#1:							
Provide a general description.	-						
	-						
	-						

	Name of Course #1:	Name of Course #2:			
	Specific Tasks:	Specific Tasks:			
	Methods of Assessment:	Methods of Assessment:			
	Shared Student Learning Outcomes:	Shared Student Learning Outcomes:			
Will Assignment #1 be contextualized?					
	? Yes ? No				
If yes, please describe in what way(s) the					
assignment is contextualized:					
Describe Integrative Learning Experience #2:					
Provide a general description.					
	Name of Course #1:	Name of Course #2:			
	Specific Tasks:	Specific Tasks:			
	Methods of Assessment:	Methods of Assessment:			
	Shared Student Learning Outcomes:	Shared Student Learning Outcomes:			
Will Assignment #2 be contextualized?	RV RN-				
	2 Yes 2 No				
If yes, please describe in what way(s) the assignment is contextualized:					
g					
Additional Assignment or Projects					
Additional Assignment or Projects:					

	Section C: Syllabi					
Submit LC syllabi.						
It is strongly recommended to include the following statement in your syllabus:						
Special Information about This Course:						
Congratulations! You are part of a Learning Community: Our class is part of a Learning Community Cohort called (Insert LC Name). It is based on a highly successful college model that links (Insert courses). Your faculty, (Insert Professor Names), will be working closely with you and linking a few Learning Experiences with rewarding results. The Learning Communities (LC) program serves to strengthen student learning and success by fostering a variety of skills, including motivation, leadership, and real-world success.						
Signature:						
Faculty Member(s)		date				
LC Coordinator		date				