EXPERIENTIAL EDUCATION PROGRAM

STUDENT PACKET

COLLEGE OF APPLIED AND NATURAL SCIENCES

LOUISIANA TECH UNIVERSITY

September 2012
# TABLE OF CONTENTS

COURSES ................................................................................................................................................................... 1

TERMINOLOGY ....................................................................................................................................................... 1
    Practica ........................................................................................................................................................... 1
    Internship ....................................................................................................................................................... 1
    Cooperative Education ................................................................................................................................... 1
    Supervised ........................................................................................................................................................ 1
    Academic Coordinator ................................................................................................................................... 1
    Faculty Supervisor ......................................................................................................................................... 1
    Site Supervisor ............................................................................................................................................... 1

BASIC PROGRAM REQUIREMENTS/PREREQUISITES .................................................................................... 2

JOB/HOUR REQUIREMENTS ................................................................................................................................. 2

PROGRAM FEES ....................................................................................................................................................... 2

RESPONSIBILITIES OF STUDENT, COLLEGE OF APPLIED & NATURAL SCIENCES FACULTY AND COMPANY OR BUSINESS ............................................................................................................................ 3

    Responsibilities of the Student ...................................................................................................................... 3
    Responsibilities of the Academic Coordinator .............................................................................................. 3
    Responsibilities of the Company/Business/ Institution (Site Supervisor).......................................................... 3

SCHEDULE .................................................................................................................................................................. 4

EXPERIENTIAL EDUCATION APPLICATION .................................................................................................... 5

APPROVAL FOR EXPERIENTIAL EDUCATION PROGRAM ............................................................................ 7

EXPERIENTIAL EDUCATION AGREEMENT ....................................................................................................... 8

CERTIFICATION OF HOURS ............................................................................................................................ 14

STUDENT EVALUATION OF EXPERIENTIAL EDUCATION EXPERIENCE .................................................. 15

SITE SUPERVISOR’S EVALUATION OF STUDENT ............................................................................................ 16
The Experiential Education Program in the College of Applied and Natural Sciences is designed to provide students with structured, supervised experiences in their chosen professional fields. Experiences include practicas, internships, and cooperative education. These experiences will enhance employment opportunities for students and will be available for academic credit. This program also serves as an opportunity to integrate the theoretical principles studied in the classroom with the practical knowledge gained from on-the-job performance.

**COURSES:**
- Agricultural Sciences: AGSC 478
- Biological Sciences: BISC 478
- Environmental Science: ENSC 478
- Forestry: FOR 478
- Health Informatics and Information Management (HIIM) HIM 278 and HIM 478
- Human Ecology: HEC 478

**TERMINOLOGY:**
- **Practica (Professional Practice)** - structured learning experience in a student's major field.
- **Internship** - structured training program in a facility.
- **Cooperative Education** - supervised paid work experience in operations and management.
- **Supervised** - refers to supervision by College of Applied and Natural Sciences faculty and site supervisor during the quarter in which the student is enrolled.

**Academic Coordinator** - Applied and Natural Sciences faculty member responsible for overseeing application and enrollment in Experiential Education. One faculty member in each program area is Academic Coordinator. Academic coordinators are listed below:

- Agricultural Sciences/Business: Dr. Gary Kennedy 318-257-3275 RH 103
- Biological Sciences: Dr. Thea Edwards 318-257-2909 CTH 141
- Environmental Science: Dr. Gary Kennedy 318-257-3275 RH 103
- Family and Child Studies: Mrs. Anita Pumphrey 318-257-3034 CTH 352
- Forestry: Dr. Gordon Holley 318-257-4926 RH 221
- Health Informatics and Information Mgt.: Mrs. Helen Baxter 318-257-3205 WT 1120
- Merchandising and Consumer Studies: Dr. Kathleen Heiden 318-257-3009 CTH 247
- Nursing: Mrs. Paula Books 318-257-3065 RH 210

Please contact these individuals for detailed information. **Students are required to complete applications and be approved for enrollment prior to registering for Experiential Education courses.**

**Faculty Supervisor** - College of Applied & Natural Sciences faculty member supervising the Experiential Education experience. In some situations, a faculty member other than the Academic Coordinator will serve as Faculty Supervisor.

**Site Supervisor** - Representative of cooperating company/business/institution who provides direct supervision of the student.
**BASIC PROGRAM REQUIREMENTS/PREREQUISITES:**
1. Minimum overall GPA of 2.0
2. Completion of 27 hours of course work applicable to student’s degree program
3. Completion of prerequisite courses (listed on Approval Form)
4. Admission to upper division for 400 level practica (Human Ecology only)
5. Approval of Advisor, Faculty Supervisor (when applicable), and Academic Coordinator. Approval of the Director is needed in Biological Sciences, Forestry, and Human Ecology.
6. Nine (9) hours maximum of experiential learning credit will apply toward credit for graduation (in varied work experiences and combinations of course numbers).
7. Pass/Fail Grading (other than Health Informatics and Information Management and Human Ecology)
8. Signature on registration card required for enrollment in course.

**JOB/HOUR REQUIREMENTS:**

<table>
<thead>
<tr>
<th>SEMESTER HOURS CREDIT</th>
<th>REQUIRED HOURS IN EXPERIENTIAL EDUCATION* (10 week quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimum of 4 per week or 40 hours/quarter</td>
</tr>
<tr>
<td>2</td>
<td>Minimum of 8 per week</td>
</tr>
<tr>
<td>3</td>
<td>Minimum of 12 per week</td>
</tr>
<tr>
<td>6</td>
<td>Minimum of 24 per week</td>
</tr>
<tr>
<td>9</td>
<td>36 or more per week</td>
</tr>
</tbody>
</table>

*Maximum credit is limited by enrollment status regardless of hours actually worked.

**PROGRAM FEES:**

Fees of $150 per student per quarter are assessed to support communication, correspondence, materials, and supervision related to the program. These fees are in addition to tuition fees and will be assessed at registration/fee payment.
RESPONSIBILITIES OF STUDENT, COLLEGE OF APPLIED & NATURAL SCIENCES, AND COMPANY OR BUSINESS

Responsibilities of the Student
1. Completing application prior to enrolling in Experiential Education.
2. Registering for Experiential Education/completing approval form.
3. When appropriate, securing Experiential Education site in **coordination with Academic Coordinator**.
4. Completing learning experiences related to the responsibilities and goals of the Experiential Education experience.
5. Completing all applicable assignments by **required deadline** during the quarter in which enrolled.
6. Completing required number of practica hours in accordance with company policy and university regulations.
7. Executing job responsibilities in a professional and ethical manner.
8. Completing evaluation of the Experiential Education program.

Responsibilities of the Academic Coordinator
1. Orienting students to the Experiential Education experience.
2. Disseminating enrollment materials to students.
3. Overseeing enrollment procedures.
4. Making or verifying initial contacts with potential companies for student experience sites.
5. Providing companies with information about Louisiana Tech and about the Experiential Education program.
6. Administering organization contracts when necessary.
7. Providing students with names of cooperating sites.
8. Scheduling or assisting with interviews when appropriate.
9. Providing the student with appropriate materials.
10. Maintaining contact with the business or co-op site.
11. Conducting evaluation meetings of telephone conferences with enrolled students.
12. Evaluating written materials and assignments from students and providing progress feedback to student.
13. Recording and reporting final grades.

Responsibilities of the Company/Business/Institution (Site Supervisor)
1. Enabling the student to participate in and/or observe various kinds of activities within the company structure.
2. Evaluating the student’s performance during the Experiential Education Program. The completed evaluation will be given to the Academic Coordinator who will review the evaluation with the students.
3. Visiting and communicating with the Academic Coordinator (or faculty supervisor) during on-site visitations or through telephone or written communication.
4. Providing the Academic Coordinator (or faculty supervisor) with a copy of records of student activity, productivity, or sales related data.
<table>
<thead>
<tr>
<th>Procedures</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure approval/referral form from Academic</td>
<td>At least 3 days prior to advising for early</td>
</tr>
<tr>
<td>Coordinator</td>
<td>registration</td>
</tr>
<tr>
<td>Application (complete once &amp; update as needed)</td>
<td>At least 3 days prior to advising for early</td>
</tr>
<tr>
<td></td>
<td>registration</td>
</tr>
<tr>
<td>Enrollment Approval</td>
<td>At least 3 days prior to advising for early</td>
</tr>
<tr>
<td></td>
<td>registration</td>
</tr>
<tr>
<td>Secure Position with Coordinator’s Assistance</td>
<td>By first class day of quarter enrolled</td>
</tr>
<tr>
<td>Contract</td>
<td>By first class day of quarter enrolled</td>
</tr>
<tr>
<td>Complete Requirements</td>
<td>By last week of class unless otherwise directed</td>
</tr>
<tr>
<td>Certification of hours worked</td>
<td>Last week of class</td>
</tr>
<tr>
<td>Evaluation of Experience (by student)</td>
<td>Last week of class</td>
</tr>
<tr>
<td>Evaluation of Performance (by site supervisor)</td>
<td>Last week of class</td>
</tr>
</tbody>
</table>
EXPERIENTIAL EDUCATION APPLICATION FORM

DATE __________________________

The Application is to be completed one time only. The form, complete with all signatures, must be in your folder before you will be allowed to register for an Experiential Education course.

Name: __________________________________________________________

Current Address: ________________________________________________
Phone Number: ________________________________________________

Major or Concentration: __________________________________________

Overall Grade Point Average: __________________________

Hours previously earned in Experiential Education: __________________

In case of Emergency Contact:

Phone: __________________________ (home)
______________________________ (work)

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?

______ Yes  ______ No

Explain a “YES” answer here. A “YES” ANSWER WILL NOT NECESSARILY BAR YOU FROM PARTICIPATION IN THIS PROGRAM. WE WILL CONSIDER THE DATE, FACTS, AND CIRCUMSTANCES OF EACH INDIVIDUAL CASE. Give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place, and disposition of case.

(Continued on next page)

HUMAN ECOLOGY MAJORS ONLY

Admitted to Upper Division:  _____ Yes  _____ No  _____ Date Admitted

MCS Majors:  Grade in MCS 208____

FCS Majors:  Grade in FCS 225____
(in hospital-based practicum) Grade in FCS 280____

(Continued on next page)
Please read and check (✓) the following statements carefully. Your signature signifies that you understand/are aware of the following policies/procedures:

_____ I understand that the number of students that can be accepted into Experiential Education programs is limited by the number of participating facilities and the number of faculty members available for supervision.

_____ I understand that I must be accepted by the business/organization. THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE.

_____ I am aware that failure to follow policies of Louisiana Tech University and the cooperating business/organization may result in termination from the course.

_____ I understand that if I am participating in a full-time internship or cooperative education experience (36 hours or more a week), I **should not** have concurrent work experience.

_____ I understand that if I have any specific physical health problems that require special arrangements to complete the requirements of this course, **it is my responsibility** to inform the instructor in writing prior to enrolling in an Experiential Education course.

_____ I understand that housing during the cooperative experience will be my responsibility.

_____ I understand that transportation to and from the facilities shall be my responsibility.

_____ I am aware that personal liability and health insurance shall be my responsibility.

_____ I am aware that students will work the required hours stipulated by the College of Applied and Natural Sciences and the business/organization. Vacation, leisure time, etc., are determined by the school, business/organization and may not adhere to a typical University schedule.

_____ I am aware that I will be assessed a program fee during each quarter enrolled in the Experiential Education program (278 or 478). The current program fee is $150 in addition to tuition fees. Tuition fees are approved by the University and Board of Supervisors and are subject to change. (This does not include personal liability or health insurance.) It is the responsibility of the student to pay the program fee.

________________________________________________________________________

Academic Coordinator Signature ___________________________ Date __________

________________________________________________________________________

Student Signature ___________________________ Date __________
College of Applied and Natural Sciences

APPROVAL FOR EXPERIENTIAL EDUCATION PROGRAM

Information on this form is to be completed by the student in consultation with the advisor. The student is to obtain all indicated signatures and file this form in his/her folder before registering for an Experiential Education Course.

Student’s Name (Printed)            Student ID Number

Major/Concentration                  Phone Number

CIRCLE COURSE NUMBER AS APPROPRIATE: 278 478

Location of Experiential Education Experience (Name of Site, City, State):

Admitted to Upper Division: _____Yes _____No  Human Ecology Only

Hours Credit:  1 2 3 6 9

Enrolling Quarter:  F W Sp Su (Year)

I request that the Experiential Education course be approved.

Student Signature

GPA

I recommend that the Experiential Education course be approved.

Advisor Signature

Date

I am willing to work with the student in the proposed Experiential Education Course

Academic Coordinator or Faculty Supervisor Signature

Date

Final Approval

Academic Coordinator Signature

Date

Unit Head Signature

Date

(Unit Head signature not required in Agricultural Sciences and Health Informatics and Information Management.)