

OEP Petition for Non-Credit Bearing Experiences

Submit this form to the Registrar's Office shortly after your experience and after obtaining all signatures. Please make a copy of this form for yourself.

ST. OLAF COLLEGE
Registrar's Office

Student Information

ID: _____ Name: _____

Email address: _____@stolaf.edu Advisor: _____

Experience Information

Name of Program (if applicable): _____

Dates of this experience: _____ to _____

Location: _____

Please briefly describe your experience:

Rationale

Please complete the text boxes below, specifically addressing all of the intended learning outcomes for OEP and taking the guidelines into account (<https://wp.stolaf.edu/curriculum-committee/files/2021/03/OEP.pdf>):

1. The experience helps students through active mentorship.
2. The experience incorporates reflection as a principal and integral part of learning.
3. The experience must provide opportunities for students to engage in guided inquiry.

How did you identify emerging vocational and/or academic interests through this experience?

How did you integrate prior and/or concurrent coursework within this experience?

How did you evaluate skills and roles, including those that help you contribute to the community, through this experience?

What specific vocational and/or academic reflections about your experience were incorporated into the experience?

Advisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____