

EXPRESSION OF INTEREST FORM FOR CO-CURRICULUM RECOGNITION

1. Name of experiential learning opportunity	Click or tap here to enter text.
2. Name of Experiential Educator <i>(Who is responsible for delivering the module?)</i>	Click or tap here to enter text.
3. SU Number	Click or tap here to enter text.
4. Brief description of the experiential learning opportunity <i>(Why this offering? What will be achieved?)</i>	Click or tap here to enter text.
5. Students participating <i>(Who will participate in the offering?)</i>	Click or tap here to enter text.
6. Student Learning Outcomes <i>(What will the students learn?)</i>	Click or tap here to enter text.
7. Activities <i>(What training activities will take place?)</i>	Click or tap here to enter text.
8. Assessment / Measurement <i>(How will the learning be assessed?)</i>	Click or tap here to enter text.
9. Name of Division/Faculty	Click or tap here to enter text.
10. Name and surname of the Experiential Learning Validator <i>(Staff member who will validate completion of a recognized learning opportunity)</i>	Click or tap here to enter text.
11. Contact details of Validator	Click or tap here to enter text.

Kindly complete and return to experientiallearning@sun.ac.za

If you wish to know more information about academic transcript recognition for your Co-curriculum activity kindly contact Kate Roodt (kateroodt@sun.ac.za) & Ramone Comalie (ramone@sun.ac.za)