

Experiential Learning, Music 3199A/B

Name:

Degree/Year:

Project Description/Experiential Learning Activity to be completed:

Project dates and number of anticipated hours:

Follow-up assessment format (report, summary, reflection, presentation):

Follow-up assignment due date _____ *(normally last day of term 1 or 2)*

Student Signature _____ **Date** _____

Student e-mail address _____

Project approval _____
Associate Dean **Date**

Course Completion approval _____
Associate Dean **Date**

Notes:

- Approval must be gained before the project begins.
- Music 3199A/B may be used as a pass/fail .5 music elective, but it may not be used for a substitute for any other music course.
- Music 3199A/B may only be taken one time.

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