

LEARNING BEYOND THE CLASSROOM APPLICATION

****NOTE: Application must be approved BEFORE the end of the experience with at least 15 hours remaining, and will NOT be accepted retroactively.****

Name: _____ 6 Digit ID: _____ Academic Advisor: _____

Email Address: _____ Phone Number: _____

Please circle one response for each of the following questions :

Are/were you a transfer student? Yes No If yes, did you receive exemption for 2XX? Yes No
 Is this your first or second LBC? 1st 2nd If 2nd, list previous registration LBC 20____ (look on degree audit)
 Current Class Year? FR SO JR SR

LBC Registration: (Please check one) _____ (For LBC Registration Descriptions, see www1.wne.edu/lbc)

___ Course Based ___ Athletics ___ Internship for Course Credit through CareerCenter
 ___ Co-Curricular ___ Service Learning ___ Study Abroad
 ___ Leadership Development ___ Experiential Learning ___ Research

Name of LBC Experience/Location Site Name: _____

Begin Date: ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Reflection Paper Due Date:** ____ / ____ / ____

Briefly describe your LBC experience and how you envision the experience will **relate to a specific course(s)** that you have taken here at Western New England University (**reference specific course name and/or number**) or will relate to Western New England's Foundations and Perspectives of Understanding and/or Strategic Directions:

- Students are responsible for emailing the reflection paper to their sponsor by the LBC paper due date.
- First and second LBC experiences must be significantly different.
- Signing this form affirms that the experience listed above is appropriate and will fulfill the 15 hour minimum requirement.
- Students must read, agree, and initial the participation agreement on the **reverse side** of this form.

Student Name **Please Print Clearly** Signature Date

Site Supervisor Name **Please Print Clearly** Signature Date

Faculty/Staff Sponsor Name **Please Print Clearly** Signature Date

LBC Staff Name **Please Print Clearly** Signature Date

Office Use: Completed Yes No Semester _____ Registration: LBC _____ EFP: Yes No

LBC Paper Guidelines:

The LBC reflection paper is reviewed by the Faculty/Staff Sponsor for acceptability based on the following criteria. **Please be sure to thoroughly address all areas.**

LBC reflection paper must be at least 1,000 words (not including name, title, or any other header information) **and address the following three competencies:**

Competency 1: Paper demonstrates ability to relate the LBC experience to at least one of the educational elements of the University*.

**An element will refer to Courses, the General Education Requirements (Foundations and Perspectives of Understanding), and/or the Strategic Directions of Western New England.*

- Student identifies element by name.
- Student relates LBC experience to educational element in multiple ways.

Competency 2: Paper demonstrates ability to articulate what structured learning* has helped the student to understand the LBC experience.

**Structured learning refers to classroom learning or LBC experience related training.*

- Student articulates multiple examples of what structured learning has helped them to understand the LBC experience.
- Student completely integrates reflections on how their learning has helped them to understand the LBC experience.

Competency 3: Paper demonstrates ability to articulate learning from the LBC experience that is distinct from the classroom setting or how the learning gained from the LBC experience can influence the student's classroom experience.

- Student gives specific examples and clearly articulates how the LBC experience is distinct from the classroom setting

OR

- Student gives specific examples and clearly articulates how the LBC experience can influence the student's future classroom experience.

Participation Agreement:

I acknowledge, by my signature on the reverse side, that I intend to participate in this LBC experience according to the following stipulations:

1. I know, understand, and voluntarily assume all risks inherent in the scope of this LBC. These include all circumstances involved in traveling to and from Western New England to the site.
2. I know, understand, and voluntarily assume all risks inherent in any additional travel in which I engage, whether under the auspices of the LBC program, Western New England University, or independently in connection with this LBC.
3. I, for myself and my personal representatives, heirs, and assigns, hereby hold harmless and discharge Western New England University, its trustees, officers, employees, agents or servants from any and all liability, damages, claims, or causes of action arising out of any incidents involving personal injury, property damage, or losses originating from my participation in the LBC program.

I fully understand this agreement, and intend to be legally bound by it.

Initial here: _____