All Nations Outreack Christian Council
18 Vrede Road, Frogmore Estate, steenberg, South Africa 7560
Phone: 0664649280/0630689434 or International: 027664649280
Email: dannyboy.pieterse@vodamail.co.za

Experiential Learning Contract

Experiential Learning Contract (Please type or print clearly. Return to ANOCC Office)

Student Name: _____Surname:_____

Student Phone#: _____ID#: _____

Date: _____ Faculty Mentor: _____

Immediate Supervisor: _____ Phone#: _____

Employer: _____ Position:

_____

Address of Place of Business:

_____ is this a major required

Internship/clinical experience, or research program? _____ Yes _____ No If yes, please specify

_____ A. OBJECTIVE: State the specific learning objectives you plan to achieve through this experience.

B. ACTIVITIES: List the prescribed projects/activities you will do to meet these objectives.

C. TIME SCHEDULE: Period of experience: From _____ to _____ approximate hours agreed

Upon per day: _____ D. PERFORMANCE EVALUATION: (Indicate which form

And criteria will be used) ____ Professor Evaluation ____ Employer's evaluation ____ Standard existing

Evaluation used by program ____ other (please specify)

_____ All Nations, 18 Vrede Road Frogmore Estate Steenberg 7945 www.anom.org.za

E. ACADEMIC CREDIT ARRANGEMENT: (Optional – This section is to be completed if only if you have or will

Receive credits for this experience) 1. Course: (prefix) _____ Title _____

Credits _____ 2. Credits will count as: _____ Elective in major _____ Elective 3. Course will be: _____

Graded _____ Pass/Fail 4. Grade will be based on (Check all that apply): _____ Paper _____ Product

Assessment _____ Self-Assesment _____ Diary, Journal, or Log _____ Performance Observation _____

Conference _____Other (please specify) _____

5. Indicate specifics for the above method(s) of evaluation (i.e. length of report, frequency of conferences, due dates, etc…) F. SIGNATURES: The following have agreed to this proposal: Student:

_____ Date: _____ Faculty Mentor:

_____ Date: _____ CSTEP Coordinator:

_____ Date: _____ *Your

internship/clinical/experiential learning position will be processed when these papers are returned to Professor Dannyboy Pieterse – General Secretary