Completion Form for ACE Certification of Co-Curricular Experience

Definition: This form is completed and signed by the UNL Faculty Sponsor, the Department/Unit head, by the Associate Dean (or designee), and the student then sent to Registration & Records to complete the ACE approval for co-curricular academic experience request. The Pre-Experience Approval Form for ACE Certification for Co-Curricular Experience document may have been completed if request was pre-approved.

Student’s name: ____________________________________  NU ID: _____________________

Last    First          M.I.
Email address: ___________________________________________  Phone: ______________________

Primary College: ____________________________  Primary Major: _______________________

Bulletin Year: __________________________

UNL Faculty Sponsor information (please print):

Name: __________________________________________________________________________________

College: ____________________________  Department: __________________________

Address/Office: _________________________________________________________________________

Phone: __________________________  Email: _____________________________________________

Specify course being used for credit (if applicable):

Department     Course No.    Title  Credit hours: _____

ACE Learning Outcome Proposed to be satisfied by this co-curricular experience:

☐ ACE 1  ☐ ACE 2  ☐ ACE 3  ☐ ACE 4  ☐ ACE 5  ☐ ACE 6  ☐ ACE 7  ☐ ACE 8  ☐ ACE 9  ☐ ACE 10

Number of credit hour equivalents being requested (if not using a credit-bearing course for outcome): ______

Number of contact hours involved in the Co-Curricular Experience: ______________

Note: A minimum of 15 contact hours of co-curricular activity are required for each credit hour equivalent being requested, according to the ACE Governing Document 4, part V.

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Documentation required:

1. Portfolio that represents student work demonstrating achievement toward the outcome for which certification is requested.

2. 1-2 page narrative written by the student explaining how the work helped him/her achieve the ACE outcome.

Signatures on this form indicate:

1. UNL Faculty Sponsor and Associate Dean (or designee) have reviewed the portfolio of work and the narrative from the student requesting certification and verify that the work adequately demonstrates achievement toward the outcome for which certification is requested according to the Guidelines for Review of ACE Courses (http://www.unl.edu/ous/ace/ACEguidelines.shtml).

2. If the co-curricular experience is not taken for a credit-bearing (3 credit hours minimum) course, the faculty sponsor and associate dean (or designee) verify that the student completed work comparable to that required for a 3 credit hour course.

Signatures:

Student: ____________________________________________ Date: ________________

UNL Faculty Sponsor: ________________________________ Date: ________________

Unit Chair/Head: ________________________________ Date: ________________

Associate Dean: ________________________________ (or designee) Date: ________________

Note: The accompanying documentation should be reviewed by the UNL Faculty Sponsor and Unit chair/head. The Associate Dean (or designee) of the student’s home college should sign this form. The UNL Faculty Sponsor and college Associate Dean (or designee) should keep a copy of the completed form. A copy of the completed form and the documentation of the student work (including the portfolio and student narrative) should be sent to the ACE office in the Office of Undergraduate Studies (201 Seaton Hall) for assessment purposes of the ACE outcome being requested.

The original copy of this form should be sent (with the appropriate substitution paperwork) to the Degree Audit Systems Coordinator in the Office of Registration & Records so that the experience is correctly added to the student’s Degree Audit for the ACE outcome specified.