University of Nebraska-Lincoln
Undergraduate Education
220 Seaton Hall
Lincoln, NE 68588-0683
(402) 472-6023
http://ace.unl.edu

Pre-Experience Approval Form for ACE Certification of Co-Curricular Experience

Definition: This form is to be used by student to request ACE approval for co-curricular academic experience prior to engaging in the experience. This form is to be completed cooperatively between Student and UNL Faculty Sponsor. **Upon completion of the Co-Curricular Experience, the Student and UNL Faculty Sponsor must fill out the Completion Form for Co-Curricular ACE Certification in order to finalize the process**.

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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1. Describe the Co-Curricular Experience, including the opportunities the experience will give the student to acquire the knowledge or skills necessary to achieve the ACE Learning Outcome, including faculty/student interactions.

2. Describe how the student will demonstrate achievement of the ACE Learning Outcome.

3. Describe the assessable product resulting from this Co-Curricular Experience

Signatures:

Student:_____ Date: _____

UNL Faculty Sponsor: _____ Date: _____

Unit Chair/Head: _____ Date: _____

Associate Dean: _____ Date: _____
(or designee)

Note: The UNL Faculty Sponsor and College Associate Dean should keep a copy of the completed form.