

Signature Experience Approval Form for Co-curricular Activities

Klesse College students choose one of the following options to satisfy the signature experience requirement through a co-curricular activity:

Select an experience from the pre-approved list of co-curricular activities. This list is updated each semester on the college website (klesse.utsa.edu/student/signature-experiences.html) before each registration period.

1. Please use this form to indicate the pre-approved experience that you will be participating in and the dates of the experience.
2. Attach documentation that shows your acceptance to participate in the identified experience, e.g., admission letter to a research program, internship employment letter, etc.
3. Register for an EID course

Optional Alternative Experience (pg.2)

1. If you would like to request an experience not on the list of pre-approved co-curricular activity courses, you may propose an alternative experience. Please describe the experience and explain how the experience meets one of the INTERESTS category descriptions and requires a time commitment of at least 100 hours.
2. Obtain approval from the Associate Dean of Undergraduate Programs.
3. Register for an EID course

First Name: _____ Last Name: _____
Email Address: _____ UTSA ID: _____
Degree/Major: _____ Semester: _____
Date of request: _____ Signature: _____

Please fill out this section:

1. Indicate the ID of the extra-curricular pre-approved experience: _____
2. Dates of participation:
 - a. From: ____/____/____
 - b. To: ____/____/____

Email completed form to CEID_UG_Programs@utsa.edu

Signature Experience Approval Form for Optional Alternative Activity

Please fill out this section if optional alternative experience was selected:

1. Indicate the INTERESTS category of the proposed experience:
 - a. EID 3100 Internship
 - b. EID 3200 Research
 - c. EID 3300 Study Abroad
 - d. EID 3400 Service Learning

2. In 300 words or less, describe the proposed experience

3. Proposed dates of participation:
 - a. From: ____/____/____
 - b. To: ____/____/____
 - c. Approximate number of hours: _____

Decision: Approve Disapprove

Associate Dean Signature

Date

Email completed form to CEID_UG_Programs@utsa.edu