

Request for EXL Designation

Middle Tennessee State University
Box 247
Murfreesboro, Tennessee 37132
Phone 615-898-5542 • FAX 615-898-5308



NAME: _____ MTSU ID: _____

ADDRESS: _____

CITY/ST/ZIP: _____

TELEPHONE #: _____ DATE: _____

EMAIL: _____ MAJOR: _____

EXPECTED GRADUATION DATE (semester/year): _____

EXL classes (prefix and course number):

Date Completed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXL External Activity (class or volunteer activity completed outside of MTSU) : _____

MTSU Activity (MTSU leadership role, MTSU campus volunteer activities): _____

Applied Experience Course (course project with real world activities): _____

EXL Portfolio/EXL 4000 (semester you plan to take the class—should be semester of graduation): _____

I understand that it is my responsibility to ensure that the credits I earn are applicable to my EXL Designation.

Student Signature _____ *Date* _____

Please return this form to the Experiential Learning Office.

OFFICE OF EXPERIENTIAL LEARNING

Date Received: _____ Date Sent to Records Office: _____ Staff Initials: _____