

RESULTS OF APPLIED LEARNING EXPERIENCE
(To be completed by Major Professor)

Student Name _____
Please type or print

Concentration/Track _____

The above student has completed the required APE requirement(s) as checked below:

Applied Learning Experience	Date Held	Passed/Failed
1. Oral Comprehensive Presentation	_____	_____
2. Written Report	_____	_____
3. Reflection Reports (cumulative)	_____	_____

Signature of Major Professor

Major Professor _____

Please return a final copy to the Program Director

Greg Kearney
KearneyG@ecu.edu