

CAS Experience Completion Form

Student Name: _____ Date Submitted: _____

Experience Title: _____

Creativity Activity Service Hours: _____ Dates of Experience: _____

Describe the CAS experience you engaged in: _____

Identify the CAS Learning Outcome(s) that were addressed in the CAS experience (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Strengths & develop areas for growth | <input type="checkbox"/> Commitment & perseverance | <input type="checkbox"/> Ethical implications |
| <input type="checkbox"/> Challenges & skill development | <input type="checkbox"/> Worked collaboratively | |
| <input type="checkbox"/> Initiated CAS experience | <input type="checkbox"/> Engagement with global issues | |

Describe the way in which your CAS experience addressed the learning outcome(s). _____

Supervisor Name (please print): _____

Supervisor Signature: _____

By signing this form, the sponsor above agrees with the above description and the number of hours indicated.

Supervisor Contact Information: E-mail: _____ Phone: _____

Sponsoring Organization (if any): _____