

Augsburg Experience

**AUGSBURG
COLLEGE**

How to Submit

In person:

Enrollment Center
Sverdrup Hall 101

By mail:

Augsburg College, CB71
Registrar's Office
2211 Riverside Avenue
Minneapolis, MN 55454

By email or fax:

registrar@augsborg.edu
Fax: 612-330-1425

Date: ____/____/____

Student ID: _____

Name: _____
Last First MI

AE Completed: _____ Department: _____ Major: _____
Month & Year

Select one of the following for documentation and include description of the experience and where completed:

_____ Faculty-Student Research	Description: _____
_____ Service-Learning Experience (Non-course based)	
_____ Study Abroad (Non-credit based)	Organization/Institution/Agency/ Country: _____
_____ Special or Individual Immersion	
_____ Community-based course project	
_____ Work experience related to Major (Co-op)	

_____	_____@augsborg.edu	(____)____-____
Student Signature	E-mail Address	Phone Number

_____	_____@augsborg.edu	____/____/____
Faculty/Staff Sponsor Signature	Faculty/Staff Sponsor Email	Date Approved