



**Experiential Learning Form**  
**Missouri Department of Health and Senior Services**

**Please return this form to:**

<b>Name (Last, First, Middle Initial)</b>		<b>Date</b>
<b>Telephone</b>	<b>E-mail Address</b>	
<b>Type of Experience Desired</b>		
<input type="checkbox"/> <b>Internship</b> – required for college graduation (typically 300+ hours) <input type="checkbox"/> <b>Mentorship</b> – one-month experience; not required for degree <input type="checkbox"/> <b>Shadowing</b> – two day experience		
<b>Desired Location (preferred city/county for experience)</b>		
<b>Preferred Start/End Date</b>	<b>Academic Status</b>	<b>Degree In Progress</b>
	<input type="checkbox"/> <b>Sophomore</b> <input type="checkbox"/> <b>Junior</b> <input type="checkbox"/> <b>Senior</b> <input type="checkbox"/> <b>Graduate</b> <input type="checkbox"/> <b>N/A</b>	<input type="checkbox"/> <b>Bachelor</b> <input type="checkbox"/> <b>Masters</b> <input type="checkbox"/> <b>Ph.D</b> <input type="checkbox"/> <b>N/A</b>
<b>Area of Study</b>	<b>Objective for Learning Experience</b>	
<b>College/School /University</b>	<b>Address</b>	
<b>(TO BE COMPLETED FOR INTERNSHIPS ONLY)</b>		
<b>University Contact Information (Advisor or Career Specialist)</b>		
<b>Name:</b>		
<b>Telephone:</b>		
<b>E-mail:</b>		

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 Office of Human Resources  
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