





👰 <u>Professional Network</u>



In the Experiential Learning page you add your new experience.

If it is your first semester registering, the page will look like the above example.

If you are returning, it will look like the example on the right.



NAGER

Fill out all required fields in the PRAC Registration Information section. You may ignore the other sections for now (not shown).

ALL STUDENTS SHOULD HAVE A LETTER/EMAIL CONFIRMING YOUR EXPERIENCE FOR THE SEMESTER OF APPLICATION You will upload this into your application. Failure to do so may result in your application not being approved.

- Instructions: Please	review/input the basic Exp. Learning information and click [save] to save your results.	Supervisor Email*:	Please list the email of the person who you work most closely with as they will be the one asked to complete your Performance Evaluation. This information may also be used to confirm that you have discussed and agreed on your learning objectives.
Submit Save As Dra	ft X Delete X Cancel Print	Is your Supervisor a	Ves No
PRAC Registration Resubmission Notes from Career Center:	n Information	How did you find your placement?*: Are you interested in academic credit?*:	 The Shriver Center Found it on my own Career Center/UMBCworks Not Stre? Email us at internships@umbc.edu
Work Term*: Employer/Community	If you cannot locate your employer, enter "New Employer" and fill in the section below	Position Description*:	Please provider brief description about your position within the organization you will be with.
Partner: Job:			
Position Title: Start Date*:	If you position is not in the above selection, list it here Select Clear	Attachment(s):	Please submit verification of your position here (e.g. offer letter, email from employer, and etc.) +Add Attachment
Full-time or Part-time?*:	Full-time is 35 or more hours per week; Part-time is less than 35 hours per week Full-time Part-time	Student Agreement Signature*:	By signing below, you give the Career Center/Shriver Center permission to register you in the appropriate Cooperative Education, Research, Service, Internship, or Campus Employment Practicum that will provide a record of your participation in a University
Hours Per Week*: Supervisor Name*:	Please list the person with whom you work most closely. If you do not have a superviso yet, please list your current company contact.	r	sanctioned experiential learning position and enable UMBC to evaluate your performance with a Pass/Fail grade indicating successful or unsuccessful completion of your placement and the requirements that accompany it.



Your application will be accepted or rejected. Either way you will receive an email welcoming you to PRAC or asking for more information.