

Integrative Learning Experience Clearance Form

To be completed by student, approved, and signed by ILE Preceptor and submitted to the ILE Course Director

Student name

ILE Preceptor(s)

ILE Preceptor(s) email address(es)

ILE Methodology

Research

Program Evaluation

Policy Analysis

Title of Paper

Competencies met by ILE (ILE must address at least 5 CEPH Competencies)

Competency selected:

Competency will be achieved by the following activities:

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Purpose of ILE (What are the specific objectives of the paper?)

[Blank area for Purpose of ILE]

Summary of background for ILE topic (Provide a brief context for the ILE topic)

[Blank area for Summary of background for ILE topic]

Plan for final ILE product (Will the final paper be presented at a conference, submitted for publication, presented to stakeholders, or some other plan for dissemination?)

[Blank area for Plan for final ILE product]

I certify that the above-named student has completed all pre-course requirements and is ready to write the final ILE paper

ILE Preceptor signature

[Blank area for ILE Preceptor signature]

Date

[Blank area for Date]

Student signa