



HUMAN RESOURCES
STUDENT EMPLOYMENT
CENTRAL MICHIGAN UNIVERSITY

CMU Learning Experience Questionnaire

For the purpose of determining whether a student may be classified as a participant in a learning experience (stipend) or as a student employee, the sponsoring professor, administrator, or designee shall submit the completed questionnaire to Student Employment Services at least two (2) weeks (or as soon as otherwise possible) prior to the proposed start date of the learning experience.

Details of the Proposed Learning Experience

To be completed by the sponsoring professor, administrator, or designee.

1. Name of faculty/staff advisor and/or administrative coordinator:

2. Faculty/staff advisor Department:

3. Dates (in MM/DD/YYYY – MM/DD/YYYY format): (Please take note that, as a general matter, a learning experience may only be approved for a semester, not to exceed one academic year).

4. Hours per week:

5. Location:

6. Description of proposed learning experience:

7. Is the learning experience tied to the student's formal education program by integrated coursework or the receipt of academic credit? (Yes ____ No ____)

8. How is the proposed learning experience a benefit for the student?

9. Will CMU derive any immediate benefit from the student's proposed learning experience? (Yes ____ No ____)

10. Will the student replace or displace an employee who is or was previously performing the same or similar tasks for pay? (Yes ____ No ____)

11. Is the student entitled to a job with the department at the conclusion of the proposed learning experience? (Yes ____ No ____)
12. Does the student have an expectation of compensation (Yes ____ No ____) and will the student receive any form of compensation, other than for expense reimbursement (*e.g.*, travel, housing), in connection with the proposed learning experience? (Yes ____ No ____)
 - a. If the answer is "yes," please provide:
 - i. The amount of the compensation.
 - ii. The purpose of the compensation.
 - iii. The source of the compensation (ex: name of department and/or college and specific college or department funding source; if grant or contract funded, please list sponsor name)
13. Will the learning experience be performed under the supervision and direction of people who are knowledgeable and experienced in the activity? (Yes ____ No ____) If no, please explain.
14. Will the learning experience provided to the student relate to their field of study? (Yes ____ No ____) If no, please explain.
15. Please describe how the opportunity will be announced and how the student will be selected for this opportunity (attach a copy of the announcement, if applicable).

The below section is for Student Employment Services Only.

In accordance with the criteria set forth in this questionnaire, the student is to be classified as (check one):

_____ Learning Experience Participant _____ Student Employee

Mgr/Student Employment Services

Date