

**NTR 492, External Learning Experience (ELE)**  
**NTR 493, On-Campus Learning Experience (OCLE)**  
**General Information and Procedures**

**Course Objective:** To provide an academic framework within which students may learn through work-related experiences, teaching, research, or extension; to apply knowledge gained from academic course work to such learning experiences.

**Credits:** A maximum of 3 credit hours will be allowed per summer or semester of External Learning Experience (NTR 492) or On Campus Learning Experience (NTR 493). Students will be permitted to earn a maximum of 6 credit hours in any combination of NTR 492 and NTR 493. Students completing their projects in the summer may register for NTR 492 the following fall.

**Types of Experiences:**

1. NTR 493 must be used for on-campus learning experiences, which include Branch Research Stations, Extension Services (in any county), and the College of Veterinary Medicine. NTR 492 is used for off-campus learning experiences only.
2. Each experience must be a new one for each work period. For example, a second summer experience doing essentially the same thing as a previous summer would not qualify.
3. Each experience must relate to the student's on-campus academic program or career interest.

**Grading:** S-U grades will be given. Grading will be based on the completeness and quality of the final report, which will be evaluated by the Nutrition Undergraduate Coordinator.

**Responsibility of Student:**

1. The student is responsible for turning in the completed and signed NTR 492/493 Memorandum of Agreement to the Nutrition Undergraduate Coordinator's office **prior to the experience**. The Undergraduate Coordinator is responsible for registering the student, and the completed application will be filed in the Undergraduate Coordinator's office.
2. The student is responsible for arranging the work experience with the employer/supervisor, completing the Memorandum of Agreement, obtaining all signatures, submitting the Memorandum of Agreement to the Undergraduate Coordinator's Office prior to the beginning of the experience, and submitting the written report by the due date. The Undergraduate Coordinator will be responsible for the reporting grade to Registration and Records.
3. The student is responsible for carrying out all tasks set forth by the employer/supervisor.

## PROCEDURES FOR PARTICIPATION IN ELE OR OCLE

1. Determine the experience to be pursued. Consultation with your academic advisor or Nutrition Undergraduate Coordinator and your prospective employer/supervisor is expected.
2. Obtain a copy of the Memorandum of Agreement from the Nutrition Undergraduate Coordinator's office. Complete this form and obtain the required signatures and the approval of the Undergraduate Coordinator prior to the start of your training period.
3. Submit the completed Memorandum of Agreement to the Nutrition Undergraduate Coordinator's office prior to the experience. The Undergraduate Coordinator will register you for the appropriate number of credits based on the number of hours involved.
4. Meet all requirements of the employer/supervisor during the experience period. Consult with your academic advisor as necessary.
5. Prepare the final report and submit it to the Undergraduate Coordinator **by the last day of class.**
  - Send by e-mail attachment to [nkcooke@ncsu.edu](mailto:nkcooke@ncsu.edu)  
Note that you may be asked to revise your paper before credit is given for the experience
6. The Undergraduate Coordinator will then be responsible for filing your report and submitting your grade (S or U) to Registration and Records.

## GUIDELINES FOR THE FINAL REPORT

1. What were the objectives of your project - what were you trying to accomplish in your work experience?
2. Who was your supervisor (name, title), what role did s/he play? How did your work fit into the larger goals/objectives of your supervisor and his/her organization?
3. What specific types of activities did you do? What new techniques or skills did you learn? (e.g., laboratory, computer, communication, etc.) How did your level of expertise increase during the experience? Did you progress in your level of responsibilities? Why or why not? *Please provide specific examples.*
4. What did you accomplish with your activity? Did you meet your objectives? If yes, how so? If not, why not? *Please provide specific examples.* If this was a research project, what were the specific results?
5. How is the work that you did related to nutrition? That is, what did you do, see, and/or learn that relates to what you have learned in your nutrition classes specifically and to the field of nutrition more generally? ***Please provide specific examples.*** **This section will be key to getting NUTRITION credit for this experience.**
6. What did you learn about yourself – your skills, abilities, strengths, weaknesses? What are your aptitudes for the work you did? What would you need to work on to become better at the work you did?
7. How do you see this experience affecting your career? Are you now more or less sure about what you want to do? Single out specific instances that were especially significant, interesting, rewarding, affecting. In what ways have you grown personally and professionally?

**NTR 492 - EXTERNAL LEARNING EXPERIENCE**  
**NTR 493 - ON-CAMPUS LEARNING EXPERIENCE**  
Memorandum of Agreement

Check one: NTR 492 \_\_\_\_\_ NTR 493 \_\_\_\_\_ Semester: \_\_\_\_\_

Student name \_\_\_\_\_

ID# \_\_\_\_\_ Major \_\_\_\_\_

Local Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Dept \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

NTR 492/3 Employer/Supervisor Name: Dr. Natalie Cooke

Location or address: 218A Schaub Hall

Phone: 919-515-0287 E-mail: nkcooke@ncsu.edu

Experience Period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Hours per Week \_\_\_\_\_ x Number of Weeks \_\_\_\_\_ = Total hours \_\_\_\_\_

Credit hours requested\*\* 3 Credit hours granted\*\* (leave blank) \_\_\_\_\_

\*\* ***Credit hours granted: 1 credit hour per 30 hours worked.***

 I understand that the final paper is due **the last day of class** \_\_\_\_\_ (Student's initials)

**Broad description of the activity that you will be engaged in:**

Specific types of work that will be done

Time allocation  
(estimated percent)

- 1.
- 2.
- 3.

Management and decision-making experiences you may participate in

**What do you expect to gain from this experience / what are your objectives?**

We, the undersigned, agree to conform to the program guidelines and with this Memorandum of Agreement:

Signed \_\_\_\_\_  
Student

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Employer/Supervisor\*

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Student's Academic Advisor\*

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Nutrition Undergraduate Coordinator

Date \_\_\_\_\_

**\* Please do not sign this form if it is not complete.**

Undergraduate Coordinator:

Dr. Natalie K. Cooke

218A Schaub Hall

Box 7624

Phone: 515-0287 Fax: 515-7124

[nkcooke@ncsu.edu](mailto:nkcooke@ncsu.edu)