Request to Apply Presentation Experience
To Pathways Oral & Visual Communication Capacity

OV C Requirements:

One of the [OVC] courses may be satisfied by [1] successfully delivering a presentation that has oral and visual components at a national conference or in a student research symposium, provided that [2] preparation for such a presentation has been overseen by a faculty member and [3] has included substantial critique and revision of prior versions of the presentation. Such a presentation may be used to fulfill the OVC requirement only with the approval of the faculty mentor.

Student Instructions:
STUDENTS COMPLETE THIS SECTION FIRST.
Carefully read requirements above. After making a qualifying presentation, complete this section, obtain faculty mentor signature, and submit completed form to the Office of the Registrar within 6 weeks of presentation date.

Student Name:__________________________________________________________
[PRINT] First    MI    Last
TU ID#________________________ Date(s) of Presentation:_____________ Faculty Mentor:____________________

Conference/Symposium Name: __________________________________________

I (___ was) (___ was not) officially registered for an associated Trinity course in advance of this presentation. If registered, provide course # and name: ________________________________ semester/year:_____________

Name and Brief Description of Conference/Symposium Presentation: ______________________________________

__________________________________________________________________________

This information is accurate and I have successfully completed a presentation meeting all requirements specified above. I understand that I will not receive credit hours for this experience unless I was officially registered for an associated credit-bearing course in advance. Otherwise, if approved, I will receive a waiver of one OVC course.

Student Name:__________________________________________________________
[PRINT]                  Signature

Faculty Mentor Approval:
The information above is accurate and the experience has been successfully completed under my mentorship. Each of the specific requirements for OVC credit has been met according to University policy.

Faculty Name:__________________________________________________________
[PRINT]                  Signature

Date: ____________________________