

**Gettysburg College
Office of the Registrar**

Integrative Experience Course Cluster Form

Student Name _____ Student ID _____

Course #1

Subject _____ Catalog # _____ Semester registered _____
(eg. Fall 2007)

Title _____ Instructor _____

Course #2

Subject _____ Catalog # _____ Semester registered _____
(eg. Fall 2007)

Title _____ Instructor _____

Describe the connection between the two courses:

Describe the form and scope of the Integrative Experience connecting the two courses:

Instructor Signature _____ Date _____
(signature of instructor for Course #2 who is responsible for evaluating integrative experience)

Student Signature _____ Date _____