1. Access Handshake using the button in the mySLU "Tools" tab.

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	Home Faculty Er	nployee Tools Can	npus Info								🖴 Logout
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	AlcoholEdu	AppXtender (formerly WebXtender) Finance as of 6/30/2020	AskSLU (ITS help)	Banner Self-Service	Blackboard Learn	Blue Course Evaluations	Campus Labs	Canvas (School of Medicine)	Canvas	Cards/Stationery Orders	Clinical Conductor Enterprise (CCE)
	Clinical Conductor Site (CCS)	Cognos Finance as of 6/30/2020	Concur Travel & Expense	CourseLeaf CIM-Courses	CourseLeaf CAT	CourseLeaf CLSS	EAB Navigate	eSirius	eValue eValue	Everfi - Healthy Campus	Facilities Service Request
	Faculty180	Firecracker (School of Medicine)	Google Docs	Google Drive	Google Hangouts	Google Sheets	Google Sites	Google Slides	Handshake	InfoEd	Internet Native Banner (Banner 9) Finance as of 6/30/2020
	ITS Software Downloads	My Files	OASIS	Office 365 Email slu.edu	okta. Okta	Openwater	Panopto	Parking	People Finder	QualtricsSurvey Tool	REDCap
	25LIVE Room/Event Requests	SendThisFile	Service Now	Shop Campus Recreation and Wellness	Skillsoft	SLU S SLU Card eAccounts	SUU (Own(11045 SLU Connections	SLU Course Materiais Ordering	SLU Groups	SLU Policies	R) SiuRide
	SLU Vaccination Portal	Tableau	touchnet Touchnet	Voicemail (On Campus Only)	WebFOCUS Dashboard Finance as of 6/30/2020	Workday	Zoom				

- 2. <u>Click here</u> to access the New Experience Request Form (you must be logged in to Handshake to access the form).
- 3. Select the appropriate experience type for your college ending in "Experiential Learning Report" from the "Experience Type" drop down list. Select the appropriate term from the "Term" drop down list.

Details

* Experience Type	
Saint Louis University Experiential Learning Report	X 🔻
Term	
Fall 2021	× •
	,

4. Complete all fields on the form.

Handshake will autofill the name of the employer as you type it. Please use the name of the employer as it appears in Handshake. If the employer is not listed, please enter the full name of the employer.

Boeing	
	•
Boeing Im	*
Boeing Intelligence & Analytics	
Roeing Helena	
The Boeing Company	
Boeing Distribution Services	
Aviall Services (Boeing Subsidiary)	•
Employer Phone Number	

After selecting the employer name, you will need to fill in the additional employer details.

- Location The city and state where your experience will be taking place.
- Industry Employer industry.
- Employer Phone Number Your learning experience supervisor business phone number.
- Employer Email Address Your learning experience supervisor business email address.

* Employer	
Boeing	×
If you do not see your employer please type your own	
Location	
St. Louis, Missouri, United States	
Industry	
Aerospace	×
Employer Phone Number	
314.555.1212	
Employer Email Address	
Jo.XYZ@boeing.com	

Handshake will autofill the job title connected to the employer. If the job title is not listed, please enter the full title. Please complete the remaining fields on the form.

Job	
Social Media Inte	rn ×
If you do not see yo	ur job please type your own
Department	
Marketing and Co	ommunication
Date	
2021-07-01	
Job Type	
Internship	×
Employment Type	3
Part-Time	×
Salary	
s	
Offer Date	
2021-07-21	
Offer Accepted	
Yes	
O No	
O Undecided	
🗹 Add experience	e to profile?
Date Offer Accept	ted
0001.07.01	

Please select the appropriate experiential learning type from the "Job Type" field.

Internship	× تاس
Graduate School	Y
Volunteer	
Cooperative Education	
Internship	
On Campus Student Employment	

5. Complete the "Approvers" section. This will route your submission to the appropriate faculty advisors for verification.

Enter the email address for the faculty advisor awarding you credit for this learning experience. If this is a non-credit experience please enter <u>career_services@slu.edu</u>.

}	Approvers	
	Faculty Advisor (If non-credit, please enter career_services@slu.edu.) : Email Address	
	Experience Site Supervisor *Email Address	

6. Enter the email address for your learning experience site supervisor.

T dou	lty Advisor (If non-credit, please enter career_services@slu.edu.)	
<u>*</u> Emai	Address	
_	rience Site Supervisor	
Expe		
Expe	I Address	

7. Complete all fields in the section labeled "General".

You will need to select your experience type a second time. The second list is inclusive of all experiential learning opportunities available at SLU.

If this experience is not for credit, please enter "Career Services" in the "Faculty Advisor Name" and "Faculty Advisor Academic Department" fields.

* Please indicate your spe	cific experience type:
Internship	
O Co-op	
O Practicum	
O Clinical	
O Undergraduate Researce	h
 Field Placement 	
	completed for credit?
O Yes	
No	
* Faculty Advisor Name	
Career Services	
Career Services	
* Employer Supervisor Na	ime:
* Employer Supervisor Na	ime:
* Employer Supervisor Na Jo Smith	ime:
* Employer Supervisor Ne Jo Smith * Employer Supervisor Tit Director of Marketing and	ime: le: ICommunication
Employer Supervisor Na Jo Smith Employer Supervisor Tit Director of Marketing and My learning site has ma	me: Ie: ICommunication de me aware of their photo/videography policy and how it applies to the use of my likeness in images.
Employer Supervisor Ne Jo Smith Employer Supervisor Tit Director of Marketing and My learning site has ma @ Yes	Inte: Icommunication de me aware of their photo/videography policy and how it applies to the use of my likeness in images.
* Employer Supervisor Na Jo Smith * Employer Supervisor Tit Director of Marketing and * My learning site has ma @ Yes O No	me: le: I Communication de me aware of their photo/videography policy and how it applies to the use of my likeness in images.
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Employer Supervisor Na Jo Smith Employer Supervisor Tit Director of Marketing and My learning site has ma Yes No Have signed a copy of t Yes Yes	me: Ie: Icommunication de me aware of their photo/videography policy and how it applies to the use of my likeness in images. he photo/videography policy at my learning site.
Employer Supervisor Na Jo Smith Employer Supervisor Til Director of Marketing and My learning site has ma Yes No I have signed a copy of f Yes No	Inte:
* Employer Supervisor Na Jo Smith * Employer Supervisor Tit Director of Marketing and * My learning site has ma @ Yes O No * I have signed a copy of t @ Yes O No * My learning site has info	Inte:

8. Click the "Request Experience" button.



Your experience request will be routed to Career Services Staff, your Faculty Advisor (for credit only), and your site supervisor for review. Once your submission has been reviewed and verified, you will be able to include it in your Handshake profile.

Thank you for sharing your experience with us.