



MAR SLEEVA COLLEGE OF ARTS AND SCIENCE

PROGRAMME:

EXPERIENTIAL LEARNING

Course Code :

Course Name :

Course-in-charge :



Semester	
Course	
Name of method used	
Description	
Date and time	

➤ **List of participating students**

Sl.No	Name of students	signature
1.		
2.		
3.		
4.		
5.		
6.		

Course-in-charge

HOD

IQAC Coordinator

Principal