



## CERTIFICATE IN REHABILITATION SCIENCE (RS) EXPERIENTIAL LEARNING FORM

Student Name:			Student ID:	
Type of Experien	tial Learning ( <i>e.g.,</i> , other):			
Supervisor's Name, Company, Address and Email Address:				
Number of Hours	Completed:			
REFLECTION ON	I EXPERIENTIAL LEAR	NING (250 words maximui	m):	