

# FIELD EXPERIENCE AGREEMENT

Please review the entire agreement with your Site Supervisor & Faculty Supervisor. **COMPLETE AND RETURN THIS FORM TO THE FE COORDINATOR'S MAILBOX BEFORE THE FIRST DAY OF CLASSES.**

## FIELD EXPERIENCE INFORMATION

Student Name: \_\_\_\_\_ Site: \_\_\_\_\_  
Address: \_\_\_\_\_ URL: \_\_\_\_\_  
\_\_\_\_\_  
Site Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Semester & year registered: \_\_\_\_\_ Phone: \_\_\_\_\_  
Circle: Undergraduate Graduate Email: \_\_\_\_\_  
FE Faculty Supervisor: \_\_\_\_\_ Dates of FE: \_\_\_\_\_  
(Can be different than academic advisor)

## FIELD EXPERIENCE DESCRIPTION

On a separate sheet(s) of paper, respond to the following:

1. Describe your overall role/assignment at the site.
2. Describe how the Field Experience fits into your overall academic program and career goals.
3. Outline 3-5 learning objectives for the Field Experience. Indicate how you expect to accomplish each learning objective.

Review the description with both your Site Supervisor and FE Faculty Supervisor **before** obtaining their approval.

## SIGNATURES OF APPROVAL

(Please have this form signed in the order they are listed)

1. Student \_\_\_\_\_ Date \_\_\_\_\_
2. Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_
3. FE Faculty Supervisor \_\_\_\_\_ Date \_\_\_\_\_
4. Return to FE coordinator's box for signature \_\_\_\_\_ Date \_\_\_\_\_