

FIELD EXPERIENCE AGREEMENT

Please review agreement with your Site Supervisor and Faculty Supervisor. **COMPLETE AND RETURN THIS FORM TO THE FIELD EXPERIENCE COORDINATOR BEFORE THE FIRST DAY OF CLASS.**

FIELD EXPERIENCE INFORMATION

Student Information	Site Information
Name:	Site Name:
PID:	Address:
E-mail:	Site Supervisor:
Status (circle one): Undergraduate Graduate	Phone:
Term/Year Registered:	E-mail:
Field Experience Faculty Supervisor:	URL:
Academic Faculty Advisor:	Dates of FE:

FIELD EXPERIENCE DESCRIPTION

On a separate sheet 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 your Field Experience Supervisor **before** obtaining their approval.

SIGNATURES OF APPROVAL

(Please obtain signatures in order listed)

Student: _____

Date: _____

Site Supervisor: _____

Date: _____

FE Faculty Supervisor: _____

Date: _____

FE Coordinator: _____

Date: _____

For Office Use Only

Enrolled in:

INLS 397

INLS 795

Initial: _____