



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 or BEFORE YOU BEGIN SITE WORK.**

FIELD EXPERIENCE INFORMATION

Student Information	Site Information
Name:	Site Name:
PID:	Site Supervisor:
Degree (check one): <input type="checkbox"/> BSIS <input type="checkbox"/> MSIS <input type="checkbox"/> MSLS <input type="checkbox"/> PHD	Address:
E-mail:	
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 and attach to this form:

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: <input type="checkbox"/> INLS 397 <input type="checkbox"/> INLS 795 <input type="checkbox"/> ⁰⁰¹ ₀₀₂ <input type="checkbox"/> INLS 796	Initial: _____
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