

Applied Experience Request

Name: _____ Student ID # _____
Address: _____ Telephone: _____
Academic Year: _____ Semester: _____
Major Study: _____ 4398-3 Hours _____ 4399-6 Hours _____

COOPERATING PLACEMENT ORG. _____ ORG. NO. _____
ADDRESS: _____ TEL. NO. _____
AGENCY SUPERVISOR: _____
IMMEDIATE SUPERVISOR (if different from above): _____
TYPE OF SERVICE RENDERED BY THE ORGANIZATION: _____

PROPOSED ASSIGNMENT OR JOB DESCRIPTION: (Description statement including length of time and days and hours of work.)

OUTLINE OF OBJECTIVES TO BE ACHIEVED: (Attach a sheet if additional space is needed. Attach bibliography if appropriate.)

METHOD OF EVALUATION (Required documentation, work log, summary paper, paper evaluating experience, etc. Discuss with supervising professor.)

Signature of Student _____ Date _____
Approved: Professor _____ Date _____
 Dept. Chair _____ Date _____

IN ORDER TO HAVE THIS COURSE CREATED; THIS COMPLETED FORM MUST BE FILED IN THE DEAN'S OFFICE, COLLEGE OF ARTS AND HUMANITIES, BY THE LAST CLASS DAY OF THE SEMESTER PRIOR TO ENROLLING FOR THIS COURSE.