

CAREER FIELD EXPERIENCE

STUDENT NAME: _____ **DATE:** _____ **STUDENT ATHLETE** **YES** **NO**

MAJOR: _____ **STUDENT ID NUMBER:** _____ **ANTICIPATED GRAD YEAR:** _____
mm/yyyy

TERM: CHECK ONE: **FALL** _____ Year **INTERSEMESTER** _____ Year **SPRING** _____ Year **SUMMER** _____ Year

DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE: (Descriptive title of the field experience will be reflected on the student's transcript. Such title will be provided by the Career Services Department)	CREDIT HOURS
CFE			CAREER FIELD EXPERIENCE	

I understand that the standard College policy regarding a withdrawal from a class does not apply to a Career Field Experience. Once a placement is secured, a withdrawal will not be granted. In extreme circumstances the issue may be discussed with the Director of Career Services and will be considered at her discretion. I will report any questions or problems to my Career Services Advisor immediately.

REQUIRED SIGNATURES

Please sign the form and secure only the required signature(s)

_____ Signature of Student	_____ Date	_____ Signature of Academic Advisor	_____ Date
_____ Signature of Career Service's Staff	_____ Date	_____ Signature of Global Programs Staff (International Students or Internships Abroad)	_____ Date

NOTE: The Career Field Experience must be included on the student's approved Education Plan, thereby indicating Advisor's authorization to take the course.