CAREER FIELD EXPERIENCE

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

STUDENT NAME: _____ **DATE:** _____

MAJOR: _____ **ID# OR SSN:** _____ **ANTICIPATED GRAD 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 <u>only the required signature(s)</u>

_____ _____ _____ _____

Signature of Student Date Signature of Director of Career Services 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.

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