CAREER FIELD EXPERIENCE

STUDENT NAME: _______________________________ DATE: ___________ STUDENT ATHLETE □ YES □ NO

MAJOR: ___________________________ STUDENT ID NUMBER: ___________________ ANTICIPATED GRAD YEAR: ___________ mm/yyyy

TERM: CHECK ONE: □ FALL __________ □ INTERSEMESTER __________ □ SPRING __________ □ SUMMER __________

Year Year Year Year

<table>
<thead>
<tr>
<th>DEPT PREFIX</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>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)</th>
<th>CREDIT HOURS</th>
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<td>CFE</td>
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<td>CAREER FIELD EXPERIENCE</td>
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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.