

**BRIGGS FIELD EXPERIENCE
Application Form**

1. To be completed by applicant.

a. Name _____ Date _____

Address _____

b. Student PID _____ Program Level _____

c. Field of Concentration or Major _____

d. Overall University GPA _____ FOC/Major GPA _____

e. Academic Adviser _____

f. LBC faculty member requested as your academic sponsor _____

g. Academic area field experience would cover _____

h. Number of credits applied for (1-10 credits) _____

i. Semester or time period of proposed field experience _____

j. Organization and/or location in which the intended field experience is to be undertaken:

Name _____

Address _____

k. Supervisor or contact person with whom you will be in touch through the organization offering the field experience?

l. Will this individual take part in your final evaluation? Yes _____ no _____

m. Address of residence during this field experience:

n. Proposed goals to be met by the field experience (stated by student).

o. How will you meet these goals? (step by step, if possible).

p. How do you propose to present the results of your field experience to your sponsoring faculty member (and possibly to your work supervisor, etc.)?

- e. How much of your time was spent assisting the student in preparing his part of the proposal or in supplying your part?
- f. How many hours will you devote to advising, instructing and evaluating the applicant if the proposed field experience is undertaken?
- g. Do you feel the above proposed field experience warrants the number of credits requested by the applicant? yes_____ no_____. Please give reason for response.

I have read, understand, and agree to the conditions of the field experience proposed above.

(signature of student)

(date)

I am willing to act as the applicant's sponsor for the field experience as outlined above.

(signature of faculty academic sponsor)

(date)

EPC Field Experience Review Board

Approved Disapproved

If disapproved, state reasons:

Chairperson, EPC