



Name \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

Major \_\_\_\_\_ Campus Box \_\_\_\_\_

Discipline \_\_\_\_\_ Course # (Circle One) 275 375 475 Number of Credit Hours \_\_\_\_\_

Experience Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Semester \_\_\_\_\_ 20 \_\_\_\_\_

----- Registration term must match dates of experience -----

Complete the following with your instructor:

Briefly describe your goals and learning objectives for this field experience.

Location of Placement:

Firm, Agency, Organization, Church \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip, Foreign Country \_\_\_\_\_

Field Supervisor (Name and Title) \_\_\_\_\_

Signatures (Obtain in the order listed)

GFU Instructor Name (please print) \_\_\_\_\_

GFU Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_

For Registrar's Office Use Only: Schedule \_\_\_\_\_ (Initials/Date)