APPLICATION FOR GRADUATE FIELD EXPERIENCE

College of Management
University of Wisconsin-Stout
Menomonie, WI 54751

I. PERSONAL INFORMATION

Name **Student ID#**

Address while on field experience **City** **State** **Zip**

Home address **City** **State** **Zip**

Phone # on Field Experience **Home Phone #** **Email Address**

II. FIELD POSITION INFORMATION

A. Describe what you will do on your field experience

B. Will you be: ☐ **Shadowing** ☐ **Interviewing** ☐ **Paid Employee** ☐ **Other**

C. List the company(ies) in which you will do your work experience.

III. COURSE INFORMATION

Will you obtain a Vocational Teaching Certification for the above experience? **Yes** **No**
(If YES, make sure you write your final report according to specific instructions related to CTE.)

Course Number

Semester Enrolled

NOTE: The time spent thinking about and completing this section has had a major role in determining the amount of learning many students have obtained from this course.

IV. LEARNING OBJECTIVES YOU HOPE TO ACHIEVE THROUGH THIS FIELD EXPERIENCE:

The purpose of this section is to encourage you to stop and reflect what you want to achieve from this course prior to undertaking it. It should be realized that possibly not all of the objectives stated will be achieved, and others not considered may develop. Use separate sheets if necessary.

A. List the Major and Minor learning objectives you plan to obtain from this Field Experience. Please number and describe separately. Be specific if at all possible as to the skills, knowledge, understandings, attitudes, etc. you hope to develop or improve from this experience either directly or indirectly.

B. Describe how you hope to achieve the above objectives. Again, list separately and relate to numbered objectives in Question A above if possible.

V. APPROVALS:

Please carefully review sections II and III before approving.

A. I accept the responsibility of coordinating this student's experience while he/she is working by means of reviewing weekly learning sheets and a final report.

_____

Signature of Experience Coordinator Date

B. I confirm that this Field Experience relates to our department.

_____

Signature of Department Chair Date

C. I authorize the use of these Field Experience credits in fulfilling requirements of _____

_____

Signature of Program Director Date

rev 11/14/08