

CAREER FIELD EXPERIENCE

STUDENT NAME: _____ DATE: _____ STUDENT ATHLETE YES NO

MAJOR: _____ STUDENT ID NUMBER: _____ ANTICIPATED GRAD YEAR: _____
mm/yyyy

TERM: CHECK ONE: Year Year Year Year

DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE: (Descriptive title of the field experience will be reflected on the 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 only the required signature(s)

Signature of Student

Date

Signature of Academic Advisor

Date

only the re