

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