ART 595 DIRECTED FIELDWORK IN ART

Fall _____ Wtr. _____ Spr. _____ Sum. _____ Units :
Year Year Year Year

PREREQUISITES: CLASSIFIED GRADUATE STANDING AND CONSENT OF INSTRUCTOR

NAME: _____ CIN _____
Last *First* *M.I.* *Type in only number; no spaces or dash*

EMAIL: _____

PHONE: _____
Type in only number; no parenthesis, space, or dash in between

FIELD WORK SITE LOCATION

Name of Agency: _____

Address of Agency: _____

_____
City Zip Code

Fieldwork Site Supervisor: _____

Position or Title: _____ Telephone: _____
Type in only number; no parenthesis, space, or dash in between

DESCRIPTION OF FIELD WORK:

_____

_____

_____

_____

_____ _____
Student Signature Date

_____ _____
Faculty Adviser's Signature Date