

ART 5950 Directed Fieldwork in Art 1-3 units
(Previously ART 5951 Directed Fieldwork in Art)

SEMESTER & YEAR: _____
UNITS: _____

PREREQUISITES: CLASSIFIED GRADUATE STANDING AND CONSENT OF INSTRUCTOR

NAME: _____ CIN: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ CSULA EMAIL: _____

FIELD WORK SITE LOCATION

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____
CITY STATE ZIP CODE

FIELDWORK SITE SUPERVISOR: _____

POSITION &/OR TITLE: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF FIELDWORK:

Student Signature: _____ Date: _____
Please print name & then sign

Organization Supervisor Signature: _____ Date: _____
Please print name & then sign

Advisor Signature: _____ Date: _____
Please print name & then sign

Department Chair Signature: _____ Date: _____