

ART 5950A MFA Professional Fieldwork in Art **1-3 units** SEMESTER & YEAR: _____
(Previously ART 5952 MFA Professional Fieldwork in Art) 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: _____