#

CRN \_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_

INT. \_\_\_\_\_\_\_\_

**FCS 2020 FIELD EXPERIENCE APPROVAL FORM**

Western Michigan University, Department of Family & Consumer Sciences, 3326 Kohrman Hall Mailing Address: 1903 W. Michigan #5322, Kalamazoo, MI, 49008‐5322

Submit via email to: Kimberly.Doudna@wmich.edu

or fax to (269) 387‐3353 [Be sure to include a cover sheet attention: Kimberly Doudna]

## Clearly PRINT ALL information. ALL areas must be COMPLETE before you will be registered.

***Form MUST be submitted to Major Faculty by the first day of the requested semester.***

Student Name WIN# Address Phone: ( ) City, State, Zip WMU email

Circle your major/minor: Family Studies Child & Family Development Family Life Education Credit Hours Requested: 1 2 3 *(60 work/volunteer hours for each credit hour requested)*

Semester Requested: FALL SPRING SUM I only SUM II only

 Have you received credit for an internship or field experience? YES \_ NO. If yes, at what location or organization did you complete that experience?

**Name of Organization Address City, State, Zip Supervisor’s Name: Mr./Ms. Title Phone** ( ) **Email *DETAILED* Description of Student’s Responsibilities and Daily Activities:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date Work Supervisor Signature Date

Major Faculty Signature Date