**Fashion Merchandising & Design | Food Service Operations & Sustainability | Interior Design | Textile and Apparel Studies**

**FCS 2020 Field Experience**

**APPLICATION FORM**

Western Michigan University/Department of Family and Consumer Sciences

**SECTION 1:**

Instructions: Provide information in Section 1 by **TYPING** information in shaded areas***. Handwritten forms will not be accepted.***

***All information must be provided before you will be registered.***

**Information about you;**

**Student Name:** **WIN:**

#### Street Address:       City, State, Zip

#### 

#### Phone: (     )       E-Mail:

**Area code Phone number**

**Your Major (check one):**  **Fashion Merchandising & Design  Food Service**  **Interior Design**  **Textile and Apparel**

**Credit Hours Requested (check one):**  **1** **2** **3 (*100 hours of documented work per credit)***

**I will complete my hours:**  **Fall**  **Spring  Summer I Only  Summer II Only  Summer I & II combined**

***Note: All required hours must be completed in the semester in which you are enrolled.***

**Information about your field experience site**

**Name of Firm:**

#### Street Address:       City, State, Zip

**Supervisor’s Name:**  **Mr.** **Ms.** **First name** **Last Name** **Title:**

**(check one)**

**Supervisor’s Phone: (****)** **Email**

**Area code Phone number**

**Description of your responsibilities:**

**SECTION 2: Requirements for registration.**

1. **Registration/Approval Form MUST BE on file with WMU coordinator on or before first day of semester enrolled. (Summer I-May 6, Summer II-June 27). *Forms received after date specified may be subject to a late fee.* See Late Registration/Late Add Fee in the schedule information located in the GoWMU portal.**
2. **Completion of orientation is required. Contact instructor for details.**

**SECTION 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT this form after TYPING all information above. Obtain approval signature of supervisor and major faculty. Submit to Professional Experience Coordinator for final approval and registration by date given in Section 2, #1. All signatures must be complete before registration is approved.**

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**Student Signature Date Work Supervisor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major Faculty Signature Date Professional Experience Coordinator Signature Date**

**FOR OFFICE USE ONLY CRN: \_\_\_\_\_\_\_\_\_\_\_**