

Site Supervisor Approval Form

PLEASE ASK YOUR SITE SUPERVISOR TO SIGN WHEN CLASS BEGINS. RETURN IT TO YOUR INSTRUCTOR.

Student ID #: _____ **Date:** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Alternate Phone:** (____) _____ - _____

E-mail Address: _____ (please print clearly)

Class Level: Junior _____ Senior _____ **Graduation Date:** _____

Gender: Female ____ Male ____ **Ethnicity:** _____

Citizenship Status: ____ U.S. Citizen ____ Permanent Resident ____ Student Visa (circle one) F-1 J-1

Internship Instructor: (circle one) **Dr. Melinda Blackman**
Dr. Jinni Harrigan
Dr. Lisa Mori
Dr. Joanne Stohs

SEMESTER (circle one): SPR SUM FALL JAN

By signing this document, I agree to supervise and train this student throughout the Field Practicum course undertaken during the time specified above. I will also evaluate the student during the course.

NAME: _____ (please print)

SIGNATURE: _____ **DATE:** _____

ORGANIZATION: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

CITY: _____ **ZIP:** _____

The University does not accept responsibility or liability for students participating in off-campus experience-based learning activities. The organization or company offering an experience-based learning opportunity must be aware that it will hold the responsibility for any liability that could result from inviting a student to do work under its supervisors on its premises. This holds true for both paid and unpaid student workers.

THANK YOU FOR YOUR PARTICIPATION! STUDENTS SHOULD RETURN THIS FORM TO THEIR INSTRUCTOR.