AGREEMENT FOR CONTRACTED FIELD EXPERIENCE

NOTE: Agreement must be typed (student’s responsibility)

Semester __________________________ Year: __________________________

Name: __________________________ ID#: __________________________

Email: __________________________________________________

Cell Number: ___________ Major: ___________ Option: ___________

Course Number: COSC 4690  Section: _______ Call #: _______ Credit Hours: _______

NAME OF ORGANIZATION: __________________________________________

ADDRESS: __________________________________ Telephone #: __________________

IMMEDIATE SUPERVISOR: __________________________________________

____________________________________________________________________
Instructor Name (Please Print)

____________________________________________________________________
Instructor Signature  Date
PROPOSED ASSIGNMENT: (including length of time, days and hrs. of work)

OUTLINE OF OBJECTIVES TO BE ACHIEVED: (attach a sheet if additional space is needed.)

SPECIFIC METHOD OF EVALUATION: (Commonly weekly reports to Instructor and letter of evaluation from supervisor.)

_____________________________________________ ________________________
Student Signature Date

Approved by: ________________________________
Program Coordinator, Dr. Mamta Yadav Date

Approved by: ________________________________
Dept. Chair, Dr. Chandra N. Sekharan Date

RETURN FORM TO COMPUTER SCIENCES IN CI 301 FOR AUTHORIZATION REV. 06/2020

Revised 04/2020