



SCHOOL OF ENGINEERING & COMPUTING SCIENCES
COLLEGE OF SCIENCE & ENGINEERING
6300 OCEAN DRIVE, UNIT 5824
CORPUS CHRISTI, TEXAS 78412-5824
O 361.825.6068 F 361.825.2795

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