

Professional Experience Credit Request

Student name:

Name of firm/organization/employer:

Student's job title:

Student's detailed job description:

Name and job title of student's supervisor:

Contact information for the student's supervisor:

Estimated number of hours per week at the professional experience:

Start date of professional experience:

End date of professional experience:

I certify that the information above is correct, and that the student named here will carry out the stated obligations. I understand that failure to carry out the obligations stated here would result in a grade for the student of "Unsatisfactory" in ADS 531, even if credit is pre-approved for this professional experience. I also certify that the student's supervisor will have an active role in the student's professional experience. The student's supervisor will submit the Supervisor Evaluation Webform at the end of this professional experience, which may affect the grade given in ADS 531.

Student: _____ Date _____

Supervisor: _____ Date _____

I approve for this student to enroll in ____ (1-6) credit hours of ADS 531 for this professional experience.

Faculty: _____ Date _____