



School of Information Studies

FIELDWORK PLACEMENT PROCESS

(644, 759 and 990) Semester /Year: \_\_\_\_\_

NOTE: You MUST consult with and obtain the signature of your fieldwork advisor prior to handing in this form. The fieldwork advisor may be different from your SOIS academic mentor.

Printed SOIS Fieldwork Advisor Name SOIS Fieldwork Advisor Signature Date

Return completed form to: UWM School of Information Studies, Bolton Hall, PO Box 413, Milwaukee, WI 53201. DEADLINE: Two weeks prior to the beginning of the semester.

TO BE COMPLETED BY STUDENT

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Email: \_\_\_\_\_

Check core courses taken prior to fieldwork: [ ] 510 [ ] 520 [ ] 531 [ ] 540 [ ] 550 or
New (Fall '07) core course requirements [ ] 501 [ ] 511 [ ] 571 [ ] 591
I have already completed the following credits of fieldwork. Semester taken \_\_\_\_\_:
644 sec \_\_\_\_\_, \_\_\_\_\_ credits; or 790 sec \_\_\_\_\_, \_\_\_\_\_ credits; or 990 sec \_\_\_\_\_, \_\_\_\_\_ credits.

Name of Field Site : \_\_\_\_\_ School District: \_\_\_\_\_
Address \_\_\_\_\_ Tele: \_\_\_\_\_
Fax/Email: \_\_\_\_\_
CITY STATE ZIP

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_
Address: \_\_\_\_\_ Tele: \_\_\_\_\_
Fax/Email: \_\_\_\_\_
CITY STATE ZIP

Administrator: \_\_\_\_\_ Title: \_\_\_\_\_
Address: \_\_\_\_\_ Tele: \_\_\_\_\_
Fax/Email: \_\_\_\_\_
CITY STATE ZIP

Fieldwork Start Date: \_\_\_\_\_ Fieldwork End Date: \_\_\_\_\_

OFFICE USE ONLY

Sent to Supervisor/Administrator:
[ ] Formal Letter
[ ] Guidelines/Evaluation forms for information.
[ ] Program Memorandum

Master Agreement:
[ ] In effect since (date): \_\_\_\_\_
[ ] Requested from Risk Management
Program Memorandum:
[ ] Signed and returned