University of Wisconsin-Milwaukee
School of Information Studies

Field Placement Process (540-644, 790 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: Twyla McGhee, UWM SOIS, Bolton Hall, P.O. 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
☐ UWM Library Borrower's application

Master Agreement:
☐ In effect since (date): _____
☐ Requested from Risk Management.

Program Memorandum:
☐ Signed and returned.