MS in Applied Exercise and Health Science

Administrative Field Experience Approval Form

Instructions: Fill out the form below in MS Word, then print out the form and obtain the required signatures. This form is to be completed in the semester prior to course registration. You will not be permitted to register for the course until all signatures have been received.

Graduate Candidate: Click here to enter text.

Graduate Faculty Supervisor: Click here to enter text.

Site Supervisor and Contact Information: Click here to enter text.

Title: Click here to enter text.

Brief Description of Experience (1-2 paragraphs):

Click here to enter text.

Final Product(s) (e.g., original research article, instructional materials, etc.):

*Note: All experiences require a final project that integrates academic preparation with a worksite setting.*

Click here to enter text.

Intermediate Due Dates (e.g., research design, literature review, etc.):

Click here to enter text.

Final Draft Due Date (No later than two weeks prior to last day of classes):

Click here to enter text.

Project Presentation Date (No later than one week prior to last day of classes):

Click here to enter text.

Graduate Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Graduate Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Date: \_\_\_\_\_\_\_\_\_