

NWQB 3rd Floor
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Faculty Advisor Evaluation of Student Fieldwork INFOST 990

Date: _____

Faculty Fieldwork Mentor: Please return this form during final exam week to Julie Walker <walkerjs@uwm.edu>

Student Name:	Email:
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Faculty Advisor:	Fieldwork Supervisor:
Fieldwork Site:	
Address:	
Date(s) of fieldwork site visit(s):	
Date(s) of three-way conference(s):	
Date(s) of conference(s) with student:	
Comments:	

