

NWQB 3rd Floor  
 P.O. Box 413  
 Milwaukee, WI 53201-0413  
 Fax: 414-229-6699  
 Phone: 414-229-4707

# Fieldwork Placement Application

## INFOST 644/759/990

**STUDENT:** You **MUST** consult with and obtain your faculty fieldwork advisor's approval prior to submitting this form. The fieldwork faculty mentor may be different from your faculty mentor. Please return the approved form to the address above (Attn: Julie Walker) or email the completed form to walkerjs@uwm.edu prior to beginning the fieldwork. You will then be provided permission to register in PAWS for fieldwork.

**NOTE:** The following states stipulate Worker's Compensation coverage for student experiences requiring affiliation agreements: California, Oregon, Washington, and Colorado. UWM students who plan to do internships, practicum or clinical placements in these states will need to obtain a separate workers compensation insurance policy. The cost of this policy will be the responsibility of the student or sponsoring institution.

Select fieldwork placement: 644  759  990

Date: \_\_\_\_\_ Sem: \_\_\_\_\_ Online  Onsite  # of Credits: \_\_\_\_\_

<b>STUDENT NAME:</b>	<b>Student ID:</b>	<b>Email:</b>
----------------------	--------------------	---------------

Core course requirements completed?:	<input type="checkbox"/> 501	<input type="checkbox"/> 511	<input type="checkbox"/> 571		
Check if completed. Required for 759 fieldwork only.	<input type="checkbox"/> 650				
Have you completed previous fieldwork credits and if yes, how many:	<input type="checkbox"/> 644	<input type="checkbox"/> 759	<input type="checkbox"/> 990	# of Credits:	_____

<b>FIELDWORK FACULTY ADVISOR:</b>	Title:
Email:	Phone:

<b>FIELDWORK SITE SUPERVISOR:</b>	Title:
Email:	Phone:

<b>FIELDWORK SITE ADMINISTRATOR: <i>optional</i></b>	Title:
Email:	Phone:

<b>FIELDWORK SITE:</b>	
Address:	
City, State Zip	

OFFICE USE ONLY	Sent to Supervisor/Administrator	Date:
Formal Letter		
Guidelines/Evaluation information forms		
Program Memorandum		