



Field Education Proposal Form

STUDENTS: please fill out and sign this form. Email the completed form to your academic advisor and Dr. Lilu Chen (lchen@shin-ibs.edu) for their signatures.

*****Due by the last day of class in the term prior to starting Field Education**

Student Name		Date of IBS Matriculation	
Degree Program		Number of Credits Completed	

Have you reviewed IBS' policies in the Field Education Handbook? yes no

FE Course(s) _____ Term(s) and Year _____ Total Credits _____

Field Site Information

Site Name _____ Phone _____
Address _____

Supervisor's Name _____ Email _____
Supervisor's Title _____ Phone _____

Do you have written documentation of your acceptance at this field site or permission to serve here in the coming semester(s)? yes no

Anticipated Start Date: _____ Anticipated End Date: _____

Average Hours/Week Commitment (min 3.5 hrs): _____ OR: Total Hours Commitment (min 50 hrs) : _____



Please answer the questions below, taking as much space as needed. If preferred, you may submit your response as a separate Word or PDF document.

1. Describe your roles and responsibilities at this field site (1-2 paragraphs).

2. What do you hope to learn during your time at this field site? Please name 2-3 potential areas for personal growth.

Student signature:

Date:

Academic advisor signature:

Date:

FE Director signature:

Date:
