

**APPLICATION – PROFESSIONAL FIELD EXPERIENCE
IN HEALTH SCIENCES**

PLEASE PRINT CLEARLY AND FILL OUT ALL INFORMATION BELOW:

STUDENT: _____ ID# _____ DATE: _____

E-MAIL: _____

UNIVERSITY ADDRESS: _____ PHONE: (____) _____

City State Zip (AC)

HOME ADDRESS: _____ PHONE: (____) _____

City State Zip (AC)

PREFERRED SEMESTER (FALL, SPRING, SUMMER) AND DATE FOR THE FIELD EXPERIENCE:

(Semester) _____ (Date) _____

FIELD EXPERIENCE REQUIREMENTS:

Semester hours currently enrolled: _____

Core Courses completed: _____(hrs) (*Courses not completed, list on back)

Semester Hours completed to date: _____

(90 required) TOTAL: _____

General Quality Point Average (2.0 required): _____ Core Q.P.A. (2.0 required): _____

(Circle One)

Track I Sports Medicine/Athletic Training, Certified

Track IV Pre-Physician Assistant

Track II Pre-Professional

Track V Community Health

Track III Pre-Physical Therapy

PLEASE PRINT CLEARLY AND FILL IN FULL NAME , DEGREES AND ADDRESSES, ALWAYS CHECK SPELLING.

PROPOSED AGENCY OR ORGANIZATION: _____

AGENCY ADDRESS: _____ PHONE: (____) _____

City State Zip (AC)

AGENCY DIRECTOR AND DEGREE(S): _____

AGENCY SITE SUPERVISOR AND DEGREES: _____
(That will be supervising your activities)

SPECIFIC OBJECTIVES FOR PARTICIPATION IN THIS FIELD EXPERIENCE:

Must fill out

Credit Hours: _____

Time Start/Finish: _____

Insurance Needed Yes _____ No _____

Graduation Date: _____

L.O.A. Return: _____

Supervisor: _____

ACADEMIC ADVISOR: _____

(SIGNATURE)