FIELD EXPERIENCE AGREEMENT: 45-450, 45-451, 45-452

(FAX to 660-562-1483)

Field Experience is designed to provide practical, on-the-job work experience that will assist in further identifying a career path. All applicants for Field Experience must meet the following requirements: completion of 60 credit hours to include 240 Foundations of Recreation, 245 Leisure Services and Special Populations, 340 Recreation Programs, and 443 Techniques of Recreation Leadership.

Once signed, this agreement indicates approval by Northwest Missouri State University for the student to complete Field Experience requirements with your agency. Field Experience involves a minimum of 200 work hours in a job setting. Students receive 3 hours of academic credit for their Field Experience and work under the joint supervision of the site supervisor and an assigned University faculty. If the agency provides remuneration to students, the actual amount and form will be agreed upon prior to the start of the internship. The University provides personal liability coverage for all field experience students.

Will remuneration be provided for agency internship students? Please provide a written explanation of the remuneration agreement. Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* (Dates must be provided above to make this agreement complete.)

This agreement may be terminated by the agency or the university upon written notice of the other party. Authorized representatives of the agency or the university must approve termination of this agreement.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Student 919:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emphasis Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Phone: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Supervisor Email: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

University Coordinator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_

Agency Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE ON FILE WITH THE UNIVERSITY PRIOR TO THE END OF THE SCHOOL TERM PRECEDING FIELD EXPERIENCE.**