1. Junior Standing – preferably second semester
2. All 100 or 200 level courses completed when internship begins.
3. Minimum of 50% of the FACS sequence requirements completed within the major.

BE SURE YOU MEET ALL ELIGIBILITY REQUIREMENTS BEFORE YOU APPLY

APPLICATION PROCEDURES

1. Student will submit a completed petition with preferred site to the Professional Practice Coordinator 4-6 weeks prior to starting the Field Placement experience.

2. An informal resume should be attached to the petition.

3. Field Placement Supervisor (Dr. Richardson) will send letter and/or email confirming professional practice site, semester of employment, and name of on-site supervisor to student and employer.

TASKS CHECKLIST BEFORE BEGINNING FIELD PLACEMENT

___ Meet eligibility requirements
___ If unsure of where to do an internship make an appointment with Dr. Richardson
___ Submit completed application (includes petition and resume) to FACS Department
___ Receive letter/Email confirming Field Placement
___ Pre-register for FACS 487
___ Complete and pass any testing and interviewing required by the place of employment
___ Print Field Placement Manual from FACS Website http://web.olivet.edu/facs/
___ Get “Letter of Agreement” signed (Letter is in the Manual)
NAME_______________________________

FIELD PLACEMENT/EXPERIENCE PETITION
This form must be submitted to Dr. Richardson four to six weeks before experience begins.

Apply for: (circle one and complete year) FALL SPRING SUMMER 200__

PLEASE SUBMIT A RESUME WITH THIS PETITION, (It doesn’t have to be on high quality paper, it is just for my files.)
Student ID# __________

Local Address__________________________________________________________
street/ONU apt./box# city state zip
Local Phone_________________________Cell Phone ______________________________

Email ______________________________

Permanent Address_______________________________________________________
street apt.# city state zip
Permanent Phone ( ) ______________________________

Expected Graduation Date _____________________________

Major ______________________________ Minor (specify) __________________________

Number of credit hours requested for proposed field experience 1 2 3 4 5

Number of credit hours that you will be taking during your field placement semester ______

Will you have transportation available? (circle one) Yes No

Site Information if available: If you don’t know where you want to do your internship please set up an appointment to come in and talk about the possibilities
Name of Business/Agency: (i.e.Lasting Impressions) ________________________________

Type of Business/Agency: (i.e.Day Care) ________________________________

On Site Supervisor/Title
(If available)___________________________________________________________

Address _______________________________________________________________

Phone # _______________________________ e-mail___________________________

Type of work to be performed:_____________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

OFFICE USE ONLY:
Agency Approved _____ Faculty signature ________________________________

Start Date _______________ Finish Date ______________