FACS 487 FIELD PLACEMENT PROCEDURE & PETITION ELIGIBILITY

Updated Fall08

- 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 <u>RESUME</u> Was just for my files.) Student ID#	ITH THIS PETITIO	ON. (It doesn't	have to be on high	ı quality paper, it	
Local Addressstreet/ONU apt./bo		city	state	 zip	
Local Phone					
Email					
Permanent Addressstreet apt.		city	state	 zip	
Permanent Phone ()		City	state	Zip	
Expected Graduation Date					
Major	Minor	(specify)			
Number of credit hours requested for	or proposed field ex	xperience 1	2 3 4	5	
Number of credit hours that you wil	l be taking during	your field pla	cement semeste	r	
Will you have transportation availab	ole? (circle one)	Yes	No		
Site Information if available: If y set up an appointment to come in a Name of Business/Agency: (i.e.Last	ınd talk about the	possibilities	•		
Type of Business/Agency: (i.e.Day	Care)				
On Site Supervisor/Title (If available)					
Address					
Type of work to be performed:					
OFFICE USE ONLY: Agency Approved Facult	y signature				
Start Date Finish Da	ate	-			