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

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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.

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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 ______________