## FIELDWORK PROPOSAL FORM

Submit completed proposal and fully signed form to the Dean of Studies Office, Westlands, 2<sup>nd</sup> floor.

| STUDENT NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LEVEL: soph jr sr     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| SLC E-MAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |
| COURSE TITLE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |
| #of CREDITS REQUESTED (2 – 5 credits):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |
| Study period: fall 20 spring 20 (summer proposal forms are available in the Dean of Studies Office)                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
| ***********************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
| REMINDER: Once the course is approved, it will be assigned a registration number. You must then follow the appropriate registration procedure:  • for pre-approved courses – list on initial registration form;  • for current registration – list on add-drop form  • for five-credit fourth courses, check here and submit a fourth course request form at the appropriate time.                                                                                                                                                  |                       |
| International students in F-1 status who are pursuing a paid internship must apply for Curricular Practical Training (CPT). Please indicate if you are an international student in F-1 status: Yes No You are not required to obtain work authorization to engage in legitimate volunteer activities or unpaid internships, as long as the employer meets the labor law criteria (review the Department of Labor and NY State standards). However, we recommend that you apply for CPT if you are engaging in an unpaid internship. |                       |
| THIS FORM WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING SIGNATURES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |
| <b>STUDENT:</b> I agree to pursue and complete the course of stu Please sign Date _                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
| *************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |
| FACULTY SPONSOR (regular faculty; guests need prior approval from dean of the college):                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
| I have consulted in the development of this proposal and agree to supervise the course of study described. My teaching load this semester includes students and donnees. I serve on the following committee/s:                                                                                                                                                                                                                                                                                                                      |                       |
| Please sign Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                  |
| DON:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| I support this course of study.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |
| Please sign Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                  |
| OFFICE OF CAREER COUNSELING: I have discussed work place expectations with the student.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
| Please sign Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                  |
| OFF-CAMPUS SUPERVISOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |
| Organization/Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
| Please sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date                  |
| (an email may be attached as an electronic signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |
| FOR DOS OFFICE USE ONLY CSW DATE CURRICULUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                  |
| COURSE # Per Registrar: (3 <sup>rd</sup> cs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or 4 <sup>th</sup> cs |

## **GUIDELINES FOR FIELDWORK COURSES**

Fieldwork courses combine work in an off-campus organization with independent academic study. Ideally, they represent a practical application of a theoretical approach and/or real world exposure to a particular subject that the student has already studied in an academic setting. Generally, fieldwork courses are reserved for advanced students with good academic records. They are taken on a pass/fail basis and are accompanied by written evaluations. Fieldwork courses are registered under the discipline of the faculty sponsor and may be taken as part of a student's regular program during the academic year, during the summer, or while on a leave of absence from the College.

Students wishing to arrange fieldwork courses must begin by finding a full-time, regular faculty member willing and able to supervise the proposed course of study. Together they should discuss the student's fieldwork objectives with particular attention to how the proposed work experience will be grounded in and enhanced by the academic part of the course. In consultation with the faculty sponsor, the student should then prepare a formal fieldwork proposal and attach it to this completed form. Students are also required to meet with Career Counseling to discuss their internship and related expectations of their employers.

The deadline for completed proposals is May 1 for fall semester and December 1 for spring semester. If necessary, proposals will be accepted up to the end of the first week of classes.

Proposals will be approved on the clarity of the following:

- 1. Briefly describe the institution or organization that the student proposes to affiliate with: state the nature, hours, duration of the proposed work and indicate what (if any) arrangements have been made to date.
- 2. Describe the independent academic study/research that the student proposes to pursue in conjunction with the aforementioned off-campus work and explain the connection between the two. **Include a bibliography of all proposed readings**.
- 3. Explain how the proposed course fits into the individual student's educational goals and plans for the future and present evidence that the student has sufficient background -- academic and (if needed) non-academic -- to successfully carry it out.
- 4. Explain the nature and frequency of meetings with the faculty sponsor: indicate the study/research outcomes (e.g. papers, oral reports, journals, etc.) that the student has agreed to provide the faculty sponsor and spell out the criteria on which the student's final evaluation by the faculty sponsor will be based (e.g. written work, the evaluation of an off-campus supervisor, etc.).
- 5. Propose and justify the specific number of credits that the student would receive upon full and satisfactory completion of the course. Reading and writing is to be commensurate with the number of credits requested.

Incomplete proposals will be returned for amplification. If approved, the entire proposal is placed in the student's permanent file.

Revised July 2017