



ECED 498: PROPOSAL TO CONDUCT A FIELD EXPERIENCE

Name: _____ Student Number: _____

Address: _____

Phone: _____ Email: _____

Program: _____ Program Start Date: _____ Proposed Credit Value: _____

Proposed Session Start Date: Year: _____ Term: _____ End Date: _____

Please list all field experiences, practica, and independent study courses already taken:

Course	When Taken	Credit Value	Grade	Supervisor/Advisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach to this proposal form a statement outlining the following:

1. Objectives of the proposed ECED 498 field experience.
2. A description of the learning activities to be undertaken.
3. The proposed basis of student evaluation in the field experience.
4. A current student program form listing all courses taken in the program to date.

To be completed and signed by the faculty member supervising the ECED 498:

I have read this student's proposal and am supportive of the field experience. I agree to supervise the student in this field experience and to submit a grade by _____

Signature _____ Name (please print) _____ Email _____ Phone _____

----- **Office Use Only** -----

Approved for ____ credits. Student enrolled in the following section of ECED 498: _____

Proposal not approved for the following reasons: _____
