

Field Experience Involvement Proposal

This form should be submitted for independent involvement experiences.

Student Name: _____ **J#** _____ **Date:** _____

Student Contact Information

Primary Phone Contact _____ Alternate Phone Contact _____
 (_____) _____ (_____) _____
Area Code Area Code

Student email address _____
Please write legibly.

Course: _____

Professor: _____

1. What do you hope to accomplish through this involvement experience?

2. What activities do you see yourself becoming involved in during this experience? *(Please be as specific as possible.)*

School	Teacher	
Location	Grade	Subject
Time	Days	
Beginning Date	Concluding Date	
Date	_____	
	<small>Cooperating Teacher Signature</small>	

Please return this form to the Field Experience Office (TLEC 214D) at:

800 North Columbia Avenue • Seward, Nebraska 68434 • 402-643-3651