CALIFORNIA LUTHERAN UNIVERSITY
Graduate School of Education

COLLEGE STUDENT PERSONNEL CANDIDATES
APPLICATION FOR FIELD WORK

__________________________________________
Semester
__________________________________________
Year

__________________________________________
Candidate’s Name
__________________________________________
Candidate’s CLU I.D. Number

__________________________________________
Home Street Address
__________________________________________
City
__________________________________________
Zip
__________________________________________
Email

__________________________________________
Home Phone Number
__________________________________________
Work Phone Number
__________________________________________
Cell Phone Number

PREREQUISITES FOR FIELD WORK

_____ I am a College Student Personnel Candidate

_____ I have completed all of the prerequisite courses: EDCG 521, 523, 526, 527, 530 and 531

REQUEST FOR FIELD SITE ASSIGNMENT

___________________________________________________________________________________
Site Supervisor (Must hold a Master’s Degree or higher for more than two years)        Department

___________________________________________________________________________________
School Name
School Address
City
Zip

Supervisor Phone Number
Supervisor Email Address

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Revised 5.29.12
SITE SUPERVISOR AGREEMENT
I agree to sponsor and direct the candidate’s fieldwork as indicated in the list of field experiences for the course. I have reviewed what is expected of me as a site supervisor as well as the assignments the candidate is expected to complete during Practicum; I will be able to adequately supervise this candidate and the candidate will be able to complete the assignments at this site. Additionally I understand that the candidate will observe me counseling and guiding students, and that the candidate, once acclimated, will work directly with students at this site. Although the candidate may perform many of the functions of a professional in the department, I recognize that she/he is a counselor-in-training who requires regular supervision. Furthermore, I understand the number of field hours the candidate must complete while at this site. Finally, I understand that I must be available to meet with the University Supervisor during the semester to discuss the candidate’s progress and I will contact that supervisor if I have concerns about the candidate’s performance.

________________________________________
Supervisor’s Signature                         Date

CANDIDATE’S AGREEMENT
I have reviewed the guidelines for working in schools and understand what is expected of me as a field work candidate. Additionally, I have discussed the number of hours I must complete, the list of field experiences, and my assignments with my site supervisor. I understand that if I am not able to complete my assignments or the minimum number of field hours required, I will receive a “no credit” for the course and I will have to repeat the course and field hours.

____________________________   ________________
Candidate’s Signature                         Date

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*FOR OFFICE USE ONLY*
APPROVAL BY THE REVIEW PANEL/PROGRAM DIRECTOR

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Authorized Signature                         Date

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Revised 5.29.12