

Professional Experience Credit Request

Student name: _____

Name of firm/organization/employer: _____

Student's job title: _____

Student's detailed job description: _____

Name and job title of student's supervisor: _____

Contact information for the student's supervisor: _____

Estimated number of hours per week at the professional experience: _____

Start date of professional experience: _____

End date of professional experience: _____

I certify that the information above is correct and that the student named here will carry out the stated obligations. I understand that failure to carry out the obligations stated here would result in a grade of "Unsatisfactory" in ADS 531, even if credit is pre-approved for this professional experience.

I also certify that the student's supervisor will actively participate in the student's professional experience. At the end of this professional experience, the supervisor will submit the Supervisor Evaluation Webform, which may affect the grade given in ADS 531.

Student: _____ **Date:** _____

Supervisor: _____ **Date:** _____

I approve this student's enrollment in _____ (1-6) credit hours of ADS 531 for this professional experience.

Faculty: _____ **Date:** _____