CALIFORNIA STATE UNIVERSITY, SACRAMENTO
DEPARTMENT OF ART

ART 195 – FIELD WORK PETITION

NAME: ___________________________________   CLASS LEVEL: Fr Soph Jr Sr Grad

ADDRESS: ______________________________   NUMBER OF UNITS:  1  2  3

CITY/ZIP: _______________________________   SEMESTER/YEAR: ______________

PHONE: ________________________________   SACLINK EMAIL: _____________@saclink.csus.edu

STUDENT ID# (NOT SS#): _____________________________________________________

NAME OF AGENCY: __________________________________________________________

HOW WILL THIS WORK EXPERIENCE BENEFIT THE STUDENT? _____________________
____________________________________________________________________________
____________________________________________________________________________

NUMBER OF HOURS PER WEEK: ________________________________________________

CALENDAR PERIOD OF WORK: _________________________________________________

RATE OF PAY (IF ANY): ________________________________________________________

FORM OF INSTRUCTION OFFERED BY EMPLOYER: _______________________________
____________________________________________________________________________

APPROXIMATE NUMBER OF SESSIONS: _________________________________________

DESCRIPTION OF FINAL REPORT TO EVALUATE STUDENTS WORK EXPERIENCE:
____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________

Signature of Field Work Instructor  Signature of Field Work Supervisor

Signature of Department Chair ___________________________ Date

NOTE: It is the student’s responsibility to maintain contact with the instructor. Final grade in this course will be either CR (Pass), or NC (Fail). After obtaining all required signatures, the student is responsible for turning in all registration materials.