FIELD EXPERIENCE AGREEMENT  
CJ4860

I. GOALS OF THE STUDENT: List at least three specific goals you wish to accomplish through this internship that you cannot achieve in a classroom setting. (These should be filled out prior to meeting with the agency supervisor.)

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

II. ACTIVITIES AND DUTIES. In consultation with the agency supervisor, list the nature of the activities and duties that will be assigned in conjunction with this field experience and how this might relate to the student’s goals.

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<th>ACTIVITY</th>
<th>RELATIONSHIP TO GOALS</th>
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The student agrees to take responsibility for the terms of this agreement and the agency supervisor agrees to supervise and provide an evaluation for the student in the field experience, based upon the terms of this agreement.

____________________________________     ______________________________________
Student Signature                     Supervisor Signature

____________________________________     ______________________________________
Student Name                          Supervisor Name

Date: ______________________________

Agency Name
(Please attach a business card if possible)

Semester/Year: _____________________

Date: _____________________