FIELD EXPERIENCE AGREEMENT
CJ 2861/2862/4860/4861

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
_______________________________________________________________________
Student Name

Date: ____________________

_______________________________________________________________________
Supervisor Signature
_______________________________________________________________________
Supervisor Name

Agency Name
(Please attach a business card if possible)

Semester/Year: ___________________

Date: ____________________