

University of Wisconsin-Parkside  
Sport and Fitness Management  
Fieldwork Experience Program

Fieldwork Supervisor Request Form

Student: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

Major GPA: \_\_\_\_\_ Current Academic Advisor: \_\_\_\_\_

For how many fieldwork credits do you wish to register? \_\_\_\_\_

In which semester do you plan to register? \_\_\_\_\_

Have you previously completed a fieldwork experience? \_\_\_\_\_

If yes, who was your HPEA Fieldwork Advisor? \_\_\_\_\_

Please provide a brief description of the fieldwork experience you wish to obtain:

Request Approved:

Assigned Advisor \_\_\_\_\_

Advisor Contact Information: Email/Phone:

Request Denied:

Reason:

HPEA Department Chair Signature: \_\_\_\_\_

UW-Parkside Signature: \_\_\_\_\_