

UNIVERSITY OF WISCONSIN-PARKSIDE PERMIT TO REGISTER FOR HPEA FIELDWORK

THIS FORM WILL NOT BE PROCESSED UNLESS ALL PARTS ARE COMPLETED.

This form must be signed by the student, the supervising instructor and the appropriate department chair. Completed form should be submitted to Student Records (WYLL D189) **by the add deadline for the term** to officially register. **Forms received without all required signatures and information will NOT be processed.**

Student's Name: _____ **TERM: Spring / Summer / Fall / Winterim 20** _____
Last First MI

Student Identification Nbr. or SSN _____ Phone: _(_____)_____

Class Standing _____ GPA _____ Major Adviser _____ Expected Grad Date _____

Indicate correct course:

H P E A 4 9 5 – Fieldwork in SPORT MANAGEMENT	Section Nbr	Credits	Audit
H P E A 4 9 8 – Fieldwork in FITNESS MANAGEMENT	_____	_____	_____

Summary of project/experience (detailed description attached):

Method of Evaluation:

Should this fieldwork count toward a Community Based Learning Certificate? ____ yes ____ no

Start Date _____ **End Date** _____

Internship site _____ **site address** _____

Site Supervisor: Name _____ **e-mail address** _____ **phone number** _____

UW-P Supervising Instructor: Name (please print) _____ **e-mail address** _____ **phone number** _____

Instructor's Signature _____ **Date** _____ **Department Chair's Signature** _____ **Date** _____

Dean's Signature _____ **Date** _____

I agree to pay the tuition/fees for this class by the semester due date OR if registering later, within one week of registration. I understand that if I officially drop/withdraw (by filing the appropriate form with the Student Records Office) **and I have not paid fees and assessments, I will be obligated for the fees and assessments in effect on that date.**

Student's Signature **Date**