

SCHOOL OF EDUCATION  
Office of Academic Programs

*Virginia Polytechnic Institute and State University  
Blacksburg, Virginia 24061*

**FIELD STUDIES IN EDUCATION CONTRACT**

Please submit three weeks prior to the semester.

**MUST BE TYPEWRITTEN**

STUDENT INFORMATION	COURSE INFORMATION
Name: _____	Course Prefix & #: _____
Student's ID#: _____	CRN #: _____
Local Address: _____	Term/Year: _____
_____	Location of Clinical Study: _____
_____	Campus Instructor: _____
_____	On Site Instructor: _____
Major: _____	Date Request Submitted: _____
College: _____	Credit Hours: _____, P/F ONLY
Advisor: _____	Min. No. of Work Hours _____

Title of Proposed Study (Limit to 30 Characters)
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**ATTACH ADDITIONAL INFORMATION AS NEEDED**

Give a brief description of the study, objectives, methods and materials, justification, and method of evaluation.
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**APPROVALS:**

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Associate Director \_\_\_\_\_ Date \_\_\_\_\_  
Office of Academic Programs, School of Education