

# EASTERN ILLINOIS UNIVERSITY / DEPARTMENT OF EDUCATIONAL LEADERSHIP

## Field Experience Application/Agreement Form

Please print or type clearly

Before applying for **EDL 6910A/EDL 6910B**, students are responsible for reading the requirements for entry into the Field Experience portion of the EDS degree. Located at <http://www.eiu.edu/~edadmin/fieldexperience.php>.

Date: \_\_\_\_\_ On or Off-Campus (circle one): On-Campus Cohort

Semester/Year to begin Field Experience (i.e. FA/21): \_\_\_\_\_

If cohort member, please specify location: \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **E#:** \_\_\_\_\_

School Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

School Phone: \_\_\_\_\_ Student's School E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EIU E-mail Address (required): \_\_\_\_\_

### **PROGRAM INFORMATION:**

Hours that will be completed at the END of the current semester: \_\_\_\_\_

Special Considerations (include anything to add for our planning purposes): \_\_\_\_\_

### **FIELD EXPERIENCE SITE INFORMATION:**

Supervisor (Dr., Mr., Ms.): \_\_\_\_\_ Title: \_\_\_\_\_

Years of Adm.: \_\_\_\_\_ E-mail: \_\_\_\_\_

District Name: \_\_\_\_\_ Phone: \_\_\_\_\_

District Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Statement of Confidentiality and Agreement to Field Experience Requirements:** I understand that during the course of events associated with Field Experience experiences, I may be privy to confidential information. I understand that such information may not be shared and further communicated without permission. Any breach of laws and regulations concerning issues of confidentiality may result in my receiving a failing grade in the Field Experience course. Additionally, I have reviewed the requirements for the Field Experience as outlined in the Field Experience handbook and understand the criteria for successful completion of the Field Experience.

**X Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement of Agreement:** I have reviewed the host administrator's responsibilities and requirements for the Field Experience and will provide the student with opportunities and assistance necessary to fulfill those requirements.

**X Host Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_