

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

Semester and year: Fall Winter Spring Summer 20										
		CURRENT TRANSCRIPT TO TH dwork vary. Consult the appropri		an for further	information.					
					N					
La	st Name	First	MI		Student ID Nu	mber				
Lo	cal Address: Street		Ap	t. No.	E-mail					
Ci	ty	Sta	ate Zi _l	o Code	() Telephone Nur	nber				
То	tal credits registered									
COURSE NO.			Check	one:	SECT	ION NO.				
Undergraduate level		Subject (ex: CHE, MUS, BIO)	494			Assigned by			Ü	
		Subject (ex: CHE, MOS, BIO)	594		LA					
Graduate level		Subject (ex: CHE, MUS, BIO)	794			(ye	es)			(no)
Gr	ade mode 🔲 Lett	<u> </u>						(Assi	igned	by Dean)
A.	Title of Project:	ATION: This information must be			On-Site Super					
					On-Site Superv	/1501				
	Street Address	Ар	t. No.		() Telephone Nun	nber				
	City	Sta	ate Zip	Code	Number of Hou	urs/Week				
C.	Describe your prop	oosed fieldwork project. Type/print o	clearly. Use ad	ditional pages	if necessary.					
	1. What are your responsibilities on the site? What special project will you be working on? What do you expect to learn?									
		osal related to your major areas of iriate background to the project.	nterest? Desc	ribe the course	e work you hav	/e complet	ted w	/hich		
	3. What is the prop	osed method of study? Where app	ropriate, cite re	eadings and pr	actical experie	ence.				
D.	Student learning or	the instructor. Please include the futcomes, reading materials and assistion), and method of determining the	ignments (if a	pplicable), exp	lanation of cou	urse gradir			s (with	n a basis
Signature of Student Date			te	Print Instruct	tructor's Name Date			ate		
Signature of Department Chair Date			te	Signature of	e of Instructor Date					
Sig	gnature of Dean Dean approval for e	Da xcess credit (if necessary)	te	Instructor Ba	anner ID Numbe	r (REQUIF	RED)			