

**DEPARTMENT OF HEALTH, HUMAN PERFORMANCE,
AND RECREATION FIELD EXPERIENCE
ASSIGNMENT SHEET**

DATE _____ HOMETOWN _____

NAME _____ SS# _____

RESIDENTIAL ADDRESS: BAYLOR _____

DURING INTERNSHIP _____

PHONE: BAYLOR _____ DURING INTERNSHIP _____

SEMESTER OF FIELD WORK _____

CLASSIFICATION OF FIELD WORK HP 4V79 HED 4323 HED 4V80

DESIRED NUMBER OF CREDIT HOURS FOR FIELD WORK _____

NUMBER OF HOURS COMPLETED IN DEGREE PROGRAM AT START OF THIS SEMESTER _____ EXPECTED DATE OF GRADUATION _____

ACADEMIC ADVISOR _____

CPR CERTIFICATION YES NO FIRST AID COURSE YES NO

DEGREE TRACK _____

PLACEMENT PREFERENCE _____

POSSIBLE AGENCIES _____

ASSIGNMENT

ORGANIZATION _____

ADDRESS _____

PHONE _____

SUPERVISOR _____

DATE TO BEGIN _____

ANTICIPATED COMPLETION DATE _____

ADDITIONAL COURSE WORK TO BE TAKEN CONCURRENTLY WITH FIELD EXPERIENCE _____