**Office of Experiential Learning Petition Form**

***Health Promotion and Physical Education (HPPE)***

***ALL INFORMATION MUST BE TYPED/NOT BOLDED***

**Part A: STUDENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Name:**       | **ID#:**       | **E-mail:**       |

|  |  |  |
| --- | --- | --- |
| **Major:**       | **Academic Advisor:**       | **Total credits earned to date:**       |
| **Minor/Concentration:**       | **GPA:**      **Class Status:**       |

**• Are you enrolled at another IC campus this semester?** **[ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[ ] No**

**• Do you have any holds on your student account which would prevent you from being registered for this experience?** **[ ] Yes** **[ ] No**

# Part B: SITE/COMPANY INFORMATION (Information MUST be complete)

\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Site/Company:** |       |  | **Site Supervisor Information** |
| **Address:***Street**City, State, Zip* |       | **Name:** |       |
| **Title:** |       |
| **Phone #:** |       |
| **Fax Number:** |       |
|  |  |  | **E-mail:** |       |

### **Part C: COURSE INFORMATION**

\_\_\_\_\_\_\_

### *You will need to consult with your Academic Advisor before filling out the information in this section.*

|  |  |
| --- | --- |
| **Ithaca College Faculty Supervisor Name:** | **[ ]  Julie Boles****[ ]  Andy Byrne****[ ]  Other** (*specify)*       |

|  |  |
| --- | --- |
| **Course you plan to be registered in:** | **[ ]  HLTH-34900 Fieldwork in Health (.5–6 credits)****[ ]  PHED-34900 Fieldwork in Physical Education (.5–6 credits)****[ ]  HLTH-44900 Internship in Health (6–12 credits)****[ ]  Other** (*specify course # and title)*Course Number:      Course Title:      |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Number of Credits:** *(.5 – 12 credits)* |       | **Semester of registration:***(choose one)* | **[ ]  Fall [ ]  Spring****[ ]  Winter [ ]  Summer** |

**Estimated Time Allotments++**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | + |  | = |  |
| **WORK HOURS***Hours of work at site* | **RELATED HOURS***Hours of related study and/or faculty consultation* | **TOTAL HOURS***Students must complete**60 hours per credit* |

*++ Since this is a work placement, students are given credit on the basis of the work they do.*

*Thus, commuting hours to and from the work site can not be included in the overall tally of hours.*

|  |  |  |
| --- | --- | --- |
| **Start Date:**       |  | **Completion Date:**       |

### **Part D: STUDENT SIGNATURE** *(student must sign and date in ink)*

### I give the Fieldwork/Internship Coordinator, Academic Advisor, and the Department Chair (or Graduate Chair if applicable) permission to discuss my academic performance and professional behavior with the site/company supervisor(s). Also, my signature indicates agreement to and responsibility for fulfilling all course, department, and site/company requirements pertaining to this fieldwork/internship experience.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Student Signature* |  | *Date* |

**Part E: APPROVAL SIGNATURES**

*When complete, students need to obtain the appropriate signatures below from the department faculty. Documentation of acceptance must be attached to this petition form. If documentation of acceptance is not provided it may delay petition processing. Once all department signatures have been obtained, this form should be left with your department. Your department will forward the form on to the Dean’s Office for processing and then the Office of Experiential Learning will register you for the experience.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Fieldwork/Internship Coordinator/Faculty Sponsor/CES Coordinator*  |  | *Date* |
|  |  |  |
| *Academic Advisor*  |  | *Date* |
|  |  |  |
| *Department Chair*  |  | *Date* |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your petition is complete and ready for final approval. Please submit your petition to your department for continued processing.**  |  |  |
| *Office of Experiential Learning/HSHP Dean’s Office*  |  | *Date* |

**Part F: Design Statement** (all information must be typed)

**Career Goals:**

**Learning Objectives:**

**Location:**

**Dates:**

**Hours per week:**

**Description of the Agency:**

**Student Preparation for Experience:**

**Nature and Scope of Study:**

**Interaction with Faculty Supervisor:**

**Grading System:**