

**Cross-Faculty Inquiry in Education** 

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## Faculty of Education

## **ECED 598: PROPOSAL TO CONDUCT A FIELD EXPERIENCE**

Name:			Student Number:			
Address:						
Phone:	hone:					
Program: Pro		ogram Start Date:		Proposed Credit Value:		
Proposed Sess	ion Start Date: `	Year:	Term:	End Date:		
Please list all field experiences and independent study courses already taken:						
Course	When Taken	Credit Value	Grade	Supervisor/Advisor		

## Please attach to this proposal a statement outlining the following:

- 1. Objectives of the proposed ECED 598 field experience.
- 2. A description of the learning activities to be undertaken.
- 3. The proposed basis of student evaluation in the field experience.
- 4. A current student program form listing all courses taken in the program to date.

## To be completed and signed by the faculty member supervising the ECED 598:

I have read this student's proposal and am supportive of the field experience. I agree to supervise the

student in this field experience and to submit a grade by \_\_\_\_\_

Signature	Name (please print)	Email	Phone				
Office Use Only							
Approved for credits. Student enrolled in the following section of ECED 598:							
Proposal not approved for the fo	llowing reasons:						