PERMIT TO REGISTER FOR FIELDWORK

University of Wisconsin PARKSIDE
900 Wood Road, PO Box 2000 • Kenosha, Wisconsin 53141-2000

This form must be signed by the student, the supervising instructor and the appropriate department chair.
Completed form should be submitted to Student Records (WYLL D189) **by the add deadline for the term** to officially register.
Forms received without all required signatures and information will NOT be processed.

Student's Name: _____ **TERM: Spring / Summer / Fall / Winterim 20 ____**
Last First MI

Student Identification Number. _____ Phone: (_____)_____

**** THIS FORM WILL NOT BE PROCESSED UNLESS ALL PARTS ARE COMPLETED. ****

Subject (ie. ENGL)	Catalog Nbr	Section Nbr	Credits	Audit
___ ___ ___ ___	4 9 ___	___ ___ ___	___	___

Enter Class Number (4 digits) _____ _____ _____ _____
Important: Class Number must be provided to process class enrollment.

TITLE - to be shown on student's transcript:

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
(TITLE IS LIMITED TO 30 CHARACTERS including SPACES - ABBREVIATE IF NECESSARY)

Summary of project/experience (detailed description attached):

Method of Evaluation:

Start Date	**End Date**	
Fieldwork Site	**Address**	
Site Supervisor (print)	**Email**	**Phone**
Supervising Instructor (print)	**Email**	**Phone**

_____ _____ _____ _____
Instructor's Signature **Date** **Department Chair's Signature** **Date**

The Dean's signature is required only when submitted *after* the Late Add deadline has passed.

_____ _____
Dean's Signature **Date**

I agree to pay the tuition/fees for this class by the semester due date OR if registering later, within one week of registration.
I understand that if I officially drop/withdraw (by filing the appropriate form with the Student Records Office) **and I have not paid fees and assessments, I will be obligated for the fees and assessments in effect on that date.**

_____ _____
Student's Signature **Date**