



Rocky Mountain College

FIELD LAB REGISTRATION

You are only ready to fill this form out IF you got your field lab approved by your Faculty Advisor AND the Field Education Advisor!

Important: Please complete this form and return it to the Field Education Advisor BEFORE you begin your field lab.

Timeline for Completion: _____ 200 _____ TO _____ 200 _____
(Month) (Year) (Month) (Year)

	Second Year
	Third Year

Student's Name		Mail Box No.	
Student's Major		Phone No.	
Faculty Advisor		Phone No.	

PROPOSED HOSTING AGENCY AND SUPERVISOR

AGENCY NAME	
AGENCY ADDRESS	
AGENCY PHONE NO.	
AGENCY FAX NO.	
AGENCY EMAIL ADDRESS	
SUPERVISOR'S NAME	
SUPERVISOR'S CONTACT NO.	

PROPOSED FIELD LAB DESIGN

DESCRIPTION

Please describe the following:

- your role within the agency
- how you hope this field lab experience will deepen your current knowledge and skills
- and state the reason for choosing this placement

STUDENT'S RESPONSIBILITIES

STUDENT'S LEARNING GOALS

Please state at least two things you hope to achieve in this Field Lab.

STUDENT'S SIGNATURE

FACULTY ADVISOR'S SIGNATURE

FIELD EDUCATION ADVISOR'S SIGNATURE