

STUDENT NAME:

CAREER FIELD EXPERIENCE

DATE: _____

STUDENT ATHLETE

YES

NO

Year Year Year Year Year	•		STUDENT ID NUMBER: ANT		STUDENT ID NUMBER:		AJOR:		1AJOR:
Year Year		mm/yyyy							
PREFIX NUMBER SECTION by the Career Services Department) CFE CAREER FIELD EXPERIENCE Inderstand that the standard College policy regarding a withdrawal from a class does not apply to a Career Field Experience. Once a placement is so the standard will not be granted. In extreme circumstances the issue may be discussed with the Director of Career Services and will be considered at he port any questions or problems to my Career Services Advisor immediately. REQUIRED SIGNATURES		Year	Year	Year	Year	CK ONE:	ERM: CHEO		
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Signature of Student Date Signature of Students dviso		vices and will be considered at her disc	SNATURES only the regain of sile care en	rcumstances the issue may be discussed r Services Advisor immediately. REQUIRED S	In extreme cii	ll not be granted. I	ithdrawal wil		