COLLEGE OF SCIENCE
SCHOOL OF NEUROSCIENCE
VIRGINIA TECH.

Field Work Request Form (Variable Credit NEUR course, 4964)

*Form must be signed by an academic advisor within the School of Neuroscience. Please **type** all information below. Note that field work credit, if approved, will be awarded at the rate of 1 credit per 45 hours worked up to a maximum of 3 credits per experience, except in special circumstances. Credits will be billed at the standard tuition rate. All field studies will be considered for pass/fail credit only. A time log, supervisor's signature, and narrative are required at the end of each experience (see second page).*

Student Information:

Name (Last, First MI) **Student ID Number** **VT Email Address**

Experience Information:

☐ Internship ☐ REU ☐ Other (please describe on separate page & attach)

Experience Type (select one)

Organization (e.g. company or school)

Supervisor Name and Title **Supervisor's Phone** **Supervisor's Email**

Start Date **End Date** **Hours per Week** **Estimated Total Hours (weeks x hours per week)**

Relevance:

Please identify how this experience relates to your future career goals and to your field of study (attach justification to a separate page)

Signatures of Approval

Student's Signature **Date**

Supervisor's Signature (digital signature is acceptable) **Date**

Academic Official's Signature **Date**

This page of the form should be completed during the experience and submitted along with a narrative (~500 words) reflecting on your experience. The narrative should include what you did and a reflection of what you gained from the experience. The completed second page and narrative must be turned in by the last final exam date of the semester in which you are earning credit. A supervisor's signature verifying your completed hours and quality of work is required.

Student Information:

Name (Last, First MI) **Student ID Number** **VT Email Address**

Time Log:

Week (List Dates)	Hours