

**FIELD SUPERVISOR APPLICATION
COVER SHEET**

NAME _____

ASSISTANT FIELD SUPERVISER _____

PROGRAM FOR WHICH YOU ARE APPLYING _____

YEAR FOR WHICH YOU ARE APPLYING _____

LIST ANY CHILDREN THAT WOULD ACCOMPANY YOU ON THIS PROGRAM:

_____	PRESENT AGE _____
_____	PRESENT AGE _____
_____	PRESENT AGE _____

SIGNATURE OF DEPARTMENT CHAIR

DATE

SIGNATURE OF ASSOCIATE DEAN

DATE

The signature of the Associate Dean indicates that the applicant, the Department Chair and the Associate Dean have discussed this application and have given approval for the application and selection process to proceed.