

UNIVERSITY OF RHODE ISLAND  
GRADUATE SCHOOL OF LIBRARY AND INFORMATION STUDIES

PROFESSIONAL FIELD EXPERIENCE: LSC 595

\_\_\_\_ Hours (45 hours per credit)    \_\_\_\_ Credits    Semester: \_\_\_\_\_, 200\_\_    Dates: \_\_\_\_\_

STUDENT (Name, address, phone and e-mail): \_\_\_\_\_  
\_\_\_\_\_

SUPERVISING LIBRARIAN (Name, address, phone and e-mail): \_\_\_\_\_  
\_\_\_\_\_

FACULTY SUPERVISOR (Name, address, phone and e-mail): \_\_\_\_\_  
\_\_\_\_\_

PURPOSE: STUDENT OBJECTIVE(S) FOR THE FIELD EXPERIENCE:

SPECIFIC ACTIVITIES TO BE CARRIED OUT IN SUPPORT OF OBJECTIVE(S):

ARRANGEMENTS FOR SUPERVISION, DOCUMENTATION, EVALUATION (with target dates and percentage of final grade):

Student portfolio items:

Faculty supervisor communications with field supervisor: \_\_\_\_\_  
(Date)

Field supervisor letter to faculty supervisor: \_\_\_\_\_  
(Date)

SIGNATURES. The objective(s), activities, and products for this Professional Field Experience (PFE) have been approved by the undersigned:

\_\_\_\_\_  
(Student) (Date)

\_\_\_\_\_  
(Supervising Librarian) (Date)

\_\_\_\_\_  
(Faculty Supervisor) (Date)