

Field Experience Make-Up Session Form

Student Name: _____

Term: Summer Fall Winter Spring Year: _____

Current Field Experience Course:

- Introduction to Field Experience AGS 946
- Internship AGS 948

Primary Instructor: _____

Make-Up Class Instructor: _____

Case Presentation: Yes No Video-/Audio-recording Presentation: Yes No

This student has successfully completed the make-up class session: Yes No

Make Up Instructor Signature: _____ Date: _____

INSTRUCTORS: VERIFY STUDENT SIGNATURE ON THE
REGISTRATION FORM, SIGN THIS FORM AND
RETURN TO STUDENTS.

STUDENTS: ATTACH THIS FORM TO YOUR LOGS AND EVALUATION(S) AND
SUBMIT TO YOUR PRIMARY PRACTICUM/INTERNSHIP
INSTRUCTOR.