



Any personal information you choose to provide on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and not released to any other parties.

### Student Information

Last Name	First Name	Student Number
Program / Major	Total Accumulated Credits (10-Yr3, 15-Yr4)	Overall Average (minimum 70%)

### Project Proposal

Fall semester (D2) credit weight: <input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	Winter semester (D3) credit weight: <input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	Summer semester credit weight: <input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0
Attach a comprehensive description (500 words) of your project, responding to the following: 1. Describe your purpose in participating in the Field Studies program. 2. Describe in detail the type of work this project involves. 3. Outline the number of contact hours you and the sponsor have agreed upon. Include details of your work schedule. 4. Discuss the benefits this project will add to your studies, including how the experience will further your career objectives. 5. Provide a business profile of your sponsor, including their general contribution to the practice of art or design.		

Sponsor Name	Role/Title	
Organization	Phone	Email

As a **Field Study Sponsor**, I agree to the following:

- The Field Study project will augment and benefit the student's studies and is a training/educational opportunity.
- The student will be supervised throughout the duration of the Field Study project by qualified personnel. The number of contact hours is appropriate in regards to the credit value of a course.
- The student is not or has not been an employee of the Field Study Sponsor, and will not receive payment.
- To complete and forward to the Office of the Registrar the mid-point and final assessments required each semester. The student will provide the sponsor with appropriate forms and a list of scheduled deadlines.
- The supervising instructor will have regular contact with the student and make on-site visits if deemed necessary or advisable by any party.

Print Name	Signature	Date
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As a **teaching faculty**, I agree to meet with and provide supervision to the student at regular intervals throughout the duration of the project. I understand three written critiques are required each semester and must be submitted to the Office of the Registrar by the published deadline dates.

Print Name	Signature	Date
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**Declaration of Student:** I have read and understand the Policies & Procedures relating to Special Studies – field study and agree to fulfill all requirements. I understand that failure to do so will result in a failing grade on my academic record.

Print Name	Signature	Date
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This special studies credit is an approved substitute for the course:	Field Study course code:
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Signature, Chair <i>(Associate Dean if Chair is also serving as Teaching Faculty)</i>	Date
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Received by: Previous special studies credits:	Date:	Entered:
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