

**SCHOOL OF LIBRARY AND INFORMATION SCIENCE**  
**UNIVERSITY OF SOUTH FLORIDA**

<http://www.cas.usf.edu/lis/>

*PLEASE WORD  
PROCESSOR PRINT  
CLEARLY*

**APPENDIX I - Supervised Fieldwork Plan**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Will Register for: \_\_\_\_\_ Semester, 20\_\_\_\_

**WORK SITE INFORMATION**

Name of information center/library: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Position of Site Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Schedule:  
(120 contact hours required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Identify supervised fieldwork goals:

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Student Signature / Date

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Fieldwork Coordinator Signature / Date

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Advisor Signature / Date

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