

**UNIVERSITY OF NORTH TEXAS**  
**Department of Information Science**

**FIELD EXPERIENCE REQUIREMENT REQUEST FOR WAIVER**

**To the Student:** This form must be submitted and approved the semester prior to the semester in which take the Capstone Experience Examination.

**You must select your Program of Study:**

General    Digital Imaging Management    Health Informatics    Information Organization  
 Information Systems    Youth Leadership    Law Librarian and Legal Informatics (Letter from Supervisor Required)    School Library (No waivers accepted. Mentorship required).

Date	Student ID	
Last Name	First Name	Middle Name/Initial
Home Address		
Work Address		
Home Phone	Work Phone	Email
Program of Study	Advisor	Advisor Signature

**Important Notes:**

**For All Students**

1. Every separate piece of paper must be signed by your supervisor.
2. Volunteer work is not applicable to meet the field experience requirement.

**Description of experience:**

Minimum requirements can be met through the sum of experience at one or more institutions. To report experience at more than one institution, complete a separate form for each institution and submit all forms together.

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Your Position Title

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Institution

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Department

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Phone

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Address

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Supervisor

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Title

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Email

Is this a paid position?  Yes  No

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Start Date of Employment (min 6 mo.)

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End Date of Employment

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Hours Worker per week

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Supervisor's signature

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Date

**Major responsibilities:** *(Should be more professional than clerical and involve meaningful intellectual effort, such as answering reference questions, searching, cataloging, developing or maintaining systems or web sites, teaching or supervising others, budgeting, etc.)*

Other Responsibilities:

**Confirmation of Experience:** *(This section to be signed by employer or supervisor)*

This is to confirm that the information provided by the student is accurate. I understand that the department may contact me for further information.

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Last Name

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First Name

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Middle Name/Initial

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Title

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Address

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Phone

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Email

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Signature

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Date

**Comments:** *(Optional; attach additional sheet if necessary or send separate letter on letterhead)*

**Send to:**

Field Experience Advisor

**Attn: Waiver Request**

University of North Texas,

College of Information, Library Science, and Technologies

Department of Library and Information Sciences

1155 Union Circle # 311068

Denton, TX 76203-5017

**Or fax to:** 940-565-3101. (Voice: 940-565-2445).