

University of North Texas
Department of Library and Information Sciences

FIELD EXPERIENCE REQUIREMENT REQUEST FOR WAIVER

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

You must select your Program of Study:

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

_____ Date

_____ Last Name First Name Middle Name/Initial

_____ Home Address

_____ Work Address

_____ Home Phone Work Phone Email

_____ Program of Study Advisor

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.

_____ Your Position Title

_____ Institution Department Phone

_____ Address

_____ Supervisor Title Email

Is this a paid position? Yes No

_____ Start Date of Employment (min. 6 mo.) End Date of Employment Hours Worked per Week

_____ Supervisor's Signature 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.

Last Name	First Name	Middle Name/Initial
Title		
Address		
Phone	Email	
Signature	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).