I, the undersigned, fully understand that enrolling for Field Experience HED 595 requires that as a graduate student in Health Education I am required to fulfill 150 hrs of field experience. This translates into 150 hrs in the final semester of graduate studies in the program, a minimum of 10 hrs a week for the next fifteen weeks until finals week in the spring or fall semester. I understand that if I am taking field work during the summer months I am required to complete the 150 hours before the end of the last summer session term or make other arrangements approved by my field experience coordinator.

It is my responsibility to report directly to my on-site supervisor and to submit my hours and tasks completed each week. I am also responsible for submitting a monthly field log that includes tasks and reflections and complying with all stated requirements of the course. A monthly field log will be submitted to my Health Education Field Placement Coordinator. If monthly field logs are not submitted on a timely basis the student risks an incomplete or failure in the course.

I understand that if I do not submit and maintain a weekly schedule as agreed upon with the field placement site coordinator then I am not complying with the HED 595 Field Experience Placement criteria. If I do not comply with all the stated field experience requirements then I understand that I cannot meet the final requirements and therefore will receive an incomplete or risk failing the course. The HED field experience placement can also be adjusted to special projects time based needs on an individual basis and it must be coordinated and approved by a HED field experience coordinator.

_____________________________________________  Date: __________
Student’s Name

_____________________________________________  Date: __________
HED 595 Field Experience Coordinator

_____________________________________________  Date: __________
Onsite Field Experience Supervisor

STUDENT/FIELD EXPERIENCE INFORMATION
Student’s Name: ________________________________________________
FIELD EXPERIENCE AGREEMENT

Dates of Field Experience: ____________________________________________
Hours per week: ______________ Total Hours _________________

SITE INFORMATION
Name of Site: _______________________________________________________
Site Address: _______________________________________________________
Supervisor’s Name: _______________________________________
Supervisor’s Title: ________________________________________________
Supervisor’s Email: _______________ Phone: _______________________

LEARNING OBJECTIVES
Students must identify mutually agreeable learning objectives, the timeline associated with completing the objectives, how the objectives will be achieved and what evidence will document the completion of the objectives.

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<th>Learning Objectives</th>
<th>Timeline</th>
<th>Method(s)</th>
<th>Evidence</th>
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SIGNATURES
Student: ____________________________ Date: ________________
Supervisor: _________________________ Date: ________________
UNM Advisor: ________________________ Date: ________________