

Texas A&M University – Corpus Christi
COLLEGE OF SCIENCE & TECHNOLOGY
Department of Computing Sciences (CSCI)

AGREEMENT FOR CONTRACTED FIELD EXPERIENCE

Semester: _____ Year: _____

Student: _____ ID#: _____

Telephone Number: _____ Major: _____

Course Number: COSC 4690 Call #: _____ Semester Credit Hrs: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____ Telephone #: _____

IMMEDIATE SUPERVISOR: _____

PROPOSED ASSIGNMENT: (including length of time, days and hrs. of work)

OUTLINE OF OBJECTIVES TO BE ACHIEVED: (attach a sheet if additional space is needed.)

SPECIFIC METHOD OF EVALUATION: (Must submit required documentation as approved by Department Chair)

Student's Signature: _____ Date: _____

Academic Advisor: _____ Date: _____

Approved by: _____ Date: _____

Department Chairperson

Texas A&M University – Corpus Christi
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EMPLOYER'S FORM
FOR CONTRACTED FIELD EXPERIENCE IN COMPUTER SCIENCE

Semester: _____ Year: _____ Date Filed: _____
Student: _____ ID#: _____
Name of Organization: _____
Address: _____ Tel.#: _____
Immediate Supervisor: _____
Days and hours student will work: _____

What work will student perform while at your location? (Attach a sheet if necessary.)

In your opinion, what would be the value of this experience for a student majoring in Computer Science? _____

Please list any compensation or special benefits to student?

PLEASE PROVIDE A BRIEF CONFIDENTIAL EVALUATION REPORT ABOUT THE WORK OF THE STUDENT AT THE END OF THE TERM. (Please use a separate sheet.) *Grade cannot be assigned until employer evaluation form is received.

Employer's Signature

Title

Please return completed form to: College of Science and Technology
Attn: Olivia Bayarena
6300 Ocean Drive
Faculty Center, Room 169
Corpus Christi, Texas 78412
Fax: 361-825-5789

Original: Academic Advisor

CC: Student and Department Chair