Semester: _____ Year: 20____

THE UNIVERSITY OF WEST FLORIDA
DEPARTMENT OF HEALTH, LEISURE, AND EXERCISE SCIENCE

REQUEST FORM FOR (CHECK ONE)
DIRECTED STUDY _____FIELD EXPERIENCE _____

NAME _____UWF ID#_____
STUDENT'S PHONE NUMBER_____
TITLE OF D.S. _____
MAJOR _____
Hours Completed at UWF _____ GPA _____

REASON FOR REQUEST:

_____
_____
_____
(Use Additional Sheets, if necessary)

DESCRIPTION OF PROPOSED ACTIVITY: **HOURS CREDIT _____**

_____
_____
_____
_____
_____
_____
_____
(Use Additional Sheets, if necessary)

METHOD OF EVALUATION:

_____
_____
_____
(Use Additional Sheets, if necessary)

Student Signature	Date	Site Supervisor (Printed)	Date
Director of Study	Date	Site Supervisor (Signed)	Date
Chairman, Health/Leisure/Exercise Science	Date	Advisor	Date

PLEASE FILL IN:
*****SITE SUPERVISOR'S CONTACT INFORMATION BELOW:**

Phone #:_____ Email:_____

Address:_____

_____

Please Note: The HLES office will register you – You cannot register yourself.