This proposal is to be completed by the student, approved by the instructor and Department Chair, and then returned to the Dance Office by the student. A proposal is required for each Field Experience course election.

STUDENT: ___________________________  UMID: ____________

Term: ___________  Year: 20____  Major: DANCE

Credit hrs: __________  3-Digit Course #: __________

Learning objectives:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Methods and resources to be used:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Results to be evaluated (written work, performance, etc.):

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Student signature/DATE  ___________________________/__________________

Instructor name (printed)  ________________________________________________

Instructor signature/DATE  ___________________________/__________________

Dept Chair name (printed)  Dr. Angela Kane

Dept Chair signature/DATE  ___________________________/__________________