CERTIFICATE OF PARTICIPATION REQUEST FORM

REQUEST FOR CERTIFICATE: Please complete the following information so you will be eligible to receive a Certificate of Participation for supervising a student intern this semester. **ONLY FLORIDA RESIDENTS ARE ELIGIBLE** (as stated in the 1989-90 FSU Bulletin, on page 42, under "Residency Requirements for Tuition Purposes").

ABOUT THE CERTIFICATE: A Certificate of Participation entitles the holder the matriculation fee for up to six hours during one term of instruction, including credit courses offered through continuing education programs, at any State University. The holder will be required to pay all current fees applicable at the time of registration except matriculation fees and comply with all applicable statutes and policies of the State of Florida and its agencies regarding admission and registration.

Please note: FSU now requires all special students (non-degree seeking) to apply for admission one month prior to registration. You may request to receive a Certificate each semester you supervise a full-time student (two semesters for part- time and concurrent students). **HOWEVER, ONLY ONE CERTIFICATE CAN BE ISSUED PER SEMESTER, REGARDLESS OF THE NUMBER OF STUDENTS YOU SUPERVISE.**

PLEASE RETURN THE REQUEST FORM WITH THE FINAL EVALUATION. The Office of Field Instruction issues Certificates at the end of each semester (April, August, December). Request forms received at the end of each semester will be issued at the end of the following semester. Please return your request on time. Please type.

Request for: Spring semester 20 Summer semester 20 Fall semester 20 (January-April) (May-August) (August-December) Course: SOW4510 SOW 5532 SOW5535	
Course: SOW4510 SOW 5532 SOW5535	
*Supervision of a part-time or concurrent intern from20 to20	
Student's name: SS#	
Your name: SS#	
Agency name:	
Agency Address:	
Address you wish certificate mailed to if different from above:	
If this is the <u>first time</u> you have requested a certificate, please complete the following information for our files. We would also appreciate you sending a copy of your vita for our files, if you have not already done so.	
Agency phone: Race:	
Highest Degree: Previously employed by FSU or other state agency? Yes No	
Date of birth: Citizenship:	
Education and Danner	
Education and Degrees: Institution Degree Date	
Experience: Please list your current and one previous employment, include dates, location and title:	
List Research, Publications, Honors and Societies:	
***Information needed to conform with FSU's Affirmative Action Policy. Thank You	