

**UNIVERSITY OF NORTH TEXAS  
Department of Information Science**

**FIELD EXPERIENCE REQUIREMENT REQUEST FOR WAIVER**

**To the Student:** This form must be submitted and approved no later than your second to last graduating semester.

**Important Notes: For All Students**

1. Page 3 must be signed by your supervisor.
2. Supporting documentation that shows proof of employment (e.g. offer letter, pay stub, or letter from supervisor) is required when submitting the Practicum Waiver Form.
3. Volunteer work is not applicable to meet the field experience requirement.

**Description of experience:**

Minimum requirements can be met through the sum of experience at one or more institutions. To report experience at more than one institution, complete a separate form for each institution and submit all forms together.

**Select your Concentration below (required):**

- General     Archival Studies     Health Informatics
- Knowledge Management     Information Systems     Music Librarianship
- Law Librarianship & Legal Informatics     Youth Librarianship     Information Organization

**\*Waivers for School Library Certification students are not accepted. Mentorship required.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name/Initial

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Email

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Your Position /Title

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Institution

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Department

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Phone

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Address

---

Supervisor Name & Title

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Email

Is this a paid position?  Yes      No

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Start Date of Employment (min 6 mo.)

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End Date of Employment

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Hours Worked per week

**Major responsibilities:** *(Responsibilities should be more professional than clerical, and involve meaningful intellectual effort, such as answering reference questions, searching, cataloging, developing or maintaining systems or web sites, teaching or supervising others, budgeting, etc.)*

Other Responsibilities:

\*Last page is to be completed by Supervisor and Faculty Advisor

**Confirmation of Experience:** *(This section to be signed by employer or supervisor)*

This is to confirm that the information provided by the student is accurate. I understand that the department may contact me for further information.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name/Initial

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Phone                                      Email

\_\_\_\_\_  
Supervisor's Signature                      Date

**Comments:** *(Optional; attach additional sheet if necessary or send separate letter on letterhead)*

**To the student: Submit this form (and any additional documentation) to**  
[LIS-Practicum@unt.edu](mailto:LIS-Practicum@unt.edu)

You will be contacted via e-mail within 2-4 weeks regarding the status of your waiver request.

\_\_\_\_\_  
Faculty Advisor's Signature                      Date