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__ (January-April) Summer semester 20__ (May-August) Fall semester 20__ (August-December)

Course: SOW4510_____ SOW 5532_____ SOW5535_____

***Supervision of a part-time or concurrent intern from** _____20__ to _____20___

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 **first time** 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 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**