

Approval of Overseas Professional Experience Placement

PERSONAL DETAILS

Student ID		Discipline			
Surname		Given Names			
Home Address					
Town		State		Post Code	

PROPOSED PLACEMENT INFORMATION AND SITE DETAILS

Placement start date		Placement end date			
Name of Facility					
Postal Address of Facility					
State		Post Code		Country	
Contact person (if known)					
Position		Department			
Phone		Email			

HEAD OF DISCIPLINE TO COMPLETE - Please select one of the following:

Course requirement **OR** Of benefit to student in his/her course of study

APPROVAL FROM HEAD OF DISCIPLINE

Full Name	Signature	Date

APPROVAL FROM DEAN OF COLLEGE

Full Name	Signature	Date

IMPORTANT DEFINITIONS:

Course requirement – This is work experience or placement which is a requirement of the Students course of study. Without successful completion of this work experience/placement the student cannot complete the requirements of their degree.

Of benefit to student in his/her course of study – This is work experience/placement which although considered beneficial/helpful in providing a more well-rounded experience to the student of their chosen field of study, is not required in order for the student to successfully complete the requirement of their degree.