

**Academic Fieldwork Coordinator Request Form**

**For Establishment of New Clinical Placement Site**

**Fieldwork Coordinator**: Click here to enter text.

**Department**: Click here to enter text.

**Date of Initial Student Placement** (if multiple, please include all dates):

Click here to enter a date.

Click here to enter a date.

**Date of Request Submitted to Dir. of Clinical Education**: Click here to enter a date.

**Name of Facility** (Legal Name found on Secretary of State website):

Click here to enter text.

**Business Type** (LLC, domestic or internat’l corp., etc.): Click here to enter text.

**Business Standing**: Click here to enter text.

**Full Address of Facility**: Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

**Please provide the following information for the contact person (at the site) who will be facilitating the student agreement process**:

**Name**: Click here to enter text.

**Phone**: Click here to enter text.

**E-mail**: Click here to enter text.

**Timeframe:**

*Must be submitted NO LATER than six (6) months prior to date of first desired placement. Non-UIC templates, out-of-state, and international agreements likely will take longer than eight (8) to twelve (12) months to execute.*