

Field Supervisor's Information

(MPA in Public Affairs and Administration Only)



Applicant Name: _____

We require each applicant to select a field supervisor in order to participate in our performance-based degree. Please complete this form and mail directly to Metropolitan College of New York, 60 West Street, New York, N.Y. 10006

Name

Organization

Business Address

Telephone Number

Ext. (List the number where you can be reached during normal business hours.)

Educational Experience	Institution	Type of Degree	Specialization	Date
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Undergraduate

Master's

Doctorate

Present position held

Responsibilities of position

Number of years in present position

Number of years in your field

I will act as field supervisor to the above named applicant. My organization and I are able to provide a suitable field environment for the fulfillment of field requirements, including the Constructive Action.

Signature of Field Supervisor

Date

****Exceptions can be made for the minimum degree requirements of the Field Supervisor which will be based on the length and type of experience. This is subject to the approval by the Dean.***