



FWSS

Student Name _____ **Trimester** _____

Prior approval for all assignments is required each semester for AJR students doing rabbinic or cantorial field work as part of the AJR registration. AJR registration approval is also subject to FWSS approval.

Please provide the information requested below.

Field Work Site: _____

Your Position: _____

Contact Person: _____
(Professional who can report on your progress.)

Mailing Address: _____

Phone: _____ Email: _____

Student Signature _____ Date: ____/____/____

Approved:

Cantor Michael Kasper _____ Date: ____/____/____

Dr. Ora Horn Prouser _____ Date: ____/____/____
Executive Vice President & Academic Dean