

CALIFORNIA STATE UNIVERSITY, LONG BEACH  
MECHANICAL AND AEROSPACE ENGINEERING DEPARTMENT  
Bachelor of Science in Engineering Technology Program

**FIELD WORK APPROVAL REQUEST FORM**

Student Name _____	Student ID # _____		
Option _____	Date _____		
Address _____			
Street	City	State	Zip
Telephone # _____	E-Mail _____		
Job Title _____	Employee # _____		
Dates of Employment _____			

Person to Contact _____	Title _____		
Name of Company _____			
Address _____			
Street	City	State	Zip
Telephone # _____	E-Mail _____		