



# OFFICE OF PUBLIC SAFETY

## Experiential Learning Parking Permit Accommodation Request

### Contact Information

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Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Carthage Address: \_\_\_\_\_

Carthage ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Reason for Request

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\_\_\_\_\_ Nursing Clinical Requirements

\_\_\_\_\_ Internship

\_\_\_\_\_ Social Work Experiential Hours

\* Any internship based request requires completion of verification documentation with the Aspire Center.

\_\_\_\_\_ Student Teaching

### Faculty or Staff Sponsor Verification

To be completed by sponsor:

\_\_\_\_\_

Print Name (sponsor)

\_\_\_\_\_

E-mail

\_\_\_\_\_

Signature (sponsor)

\_\_\_\_\_

CCID

\_\_\_\_\_

DATE

Note: Sponsor may also verify by sending email to [publicsafety@carthage.edu](mailto:publicsafety@carthage.edu)

### Dates for Need/Cost of Permit (Completed by Office of Public Safety)

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Dates of Experiential Learning Requirement

BEGINS:

ENDS:

\_\_\_\_\_

Day

Date

Year

\_\_\_\_\_

Day

Date

Year

Total # of Weeks: \_\_\_\_\_

- 7 weeks or less = \$75.00 and 8-14 weeks = \$150.00
- If the experiential learning required is for credit bearing responsibilities there is no charge but you must maintain a Carthage Parking Permit for another lot.



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### Public Safety Officer and Student Verification

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*By signing below, you are indicating that you understand you will receive a charge to your student account based on the length of time the experiential permit is needed. This charge is in addition to the cost of the regular parking permit. You also understand that this permit is not valid on Friday after 5:00 pm through all day Saturday and Sunday until 5:00 pm. Any citations received for violating this are grounds to revoke your Experiential Learning Parking Permit.*

*If permit is approved, the student can pick up the Experiential Learning Parking Permit in the Public Safety Office the week prior to its effective date.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Public Safety Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_