EDUC 400: APPLIED STUDIES PRACTICUM WORK SITE APPROVAL AND INFORMATION FORM

IMPORTANT: Students may not begin a practicum until this form is signed by all parties.

Student Name ________myWSU ID ______

Email: _______ Phone: _______

Semester of Practicum: Fall Spring Summer Year ______ Course CRN: ______

Start/Stop Dates of Assignment _______

Name of Site: ______

TO BE COMPLETED BY STUDENT

Student has met the following criteria:

 $Met\ with\ program's\ academic\ advisor\ regarding\ practicum,\ internship,\ or\ apprentn(h)-1.9.c6r.4028\ (,) 0.6\ (\).u. 2.3\ (t)-4.4\ (d)-4.4\ (d)-4.4$

mutually agreed upon by the **student and site supervisor** for the length of the applied learning assignment. (e.g. – budget preparation): Please list **YOUR** applied learning (1) _____ Student Initials: Site Supervisor Initials: Faculty Supervisor Initials: (in list form) what you hope to accomplish (e.g. – learn how to properly prepare a budget statement for a large organization) (7) _____ (10) Site Supervisor Initials: _____ Faculty Supervisor Initials: _____ Student Initials: _____

• It is imperative that a **job description** be established at the beginning of the practicum. This allows all who are involved to understand what the student will hope to accomplish and will be a yardstick for measuring student accomplishment. The job description should be made up of work-related duties that have been