



## UNDERGRADUATE PRACTICUM LEARNING CONTRACT

### Student Information

\_\_\_\_\_ Semester, 20\_\_\_\_\_

Student \_\_\_\_\_ ID# \_\_\_\_\_

Major \_\_\_\_\_ Credit Hours completed: \_\_\_\_\_ Email \_\_\_\_\_

### UNIVERSITY APPROVALS

Faculty Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

a. Term of Practicum: Fall 20 \_\_\_\_ Spring 20 \_\_\_\_

b. Subject Prefix under which Practicum is registered: \_\_\_\_\_

c. Number of Credits: \_\_\_\_\_ \* Regular Grading \_\_\_\_\_ or Pass/Fail \_\_\_\_\_

*\*A student must work a minimum of 40 hours for each hour of practicum credit.*

### STUDENT AGREEMENT

I agree to fulfill the assignment as described on the following page and understand what is required of me, the date work is due, the criteria that will be used for evaluation, and the nature of the grading.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING SECTIONS WITH YOUR FACULTY SUPERVISOR TO THE BEST OF YOUR ABILITY**

Practicum Goals and Learning Outcomes:

Specific Duties:

Anticipated Schedule, Days and Times (be as specific as possible):

Evaluation Procedures and Materials (Percentage of grade based on papers, a log, a journal, reports, etc.):

All Final work will be turned in no later than: \_\_\_\_\_

**FACULTY SUPERVISOR AGREEMENT**

I approve this student's Practicum and agree to monitor, evaluate, and assign the final grade certifying the credit for this Practicum.

Date\_\_\_\_\_Signature\_\_\_\_\_Title\_\_\_\_\_

**SCHOOL CHAIR (or Assistant/Associate Dean)**

I approve this Practicum arrangement between the Faculty Supervisor and Student.

Date\_\_\_\_\_Signature\_\_\_\_\_