



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_____