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

Student Name	myWSU ID		
	Phone:		
Semester of Practicum: Fall Spring Summ	er Year Course CRN:		
Start/Stop Dates of Assignment			
Name of Site:			
Address:			
	Zip:		
Site Supervisor:			
Title:			
Email:			
Phone:	Fax:		
TO BE COMPLETED BY STUDENT			
Student has met the following criteria:			
Met with program's academic advisor rega	rding practicum, internship, or apprenticeship enrollment		
TO BE COMPLETED BY FACULTY:			
Student has met the following criteria:			
Acceptance into the Organizational Leade	ship and Applied learning major		
Minimum 2.00 GPA			
Submission of acceptable learning objectiv	es and job responsibilities		
Submission of appropriate Affiliation Agre	ement (if needed)		
APPROVAL OF ASSIGNMENT:			
Student Signature	Date		
Site Supervisor Signature	Date		

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

Date assignment may start, as determined by F.S.:______F.S. Initials:______

Faculty Supervisor (F.S.) Signature

Program Director Signature

Date

Date

• 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 mutually agreed upon by the *student and site supervisor* for the length of the applied learning assignment.

(1)	
(10)	
Student Initials:	_ Faculty Supervisor Initials:

Please list YOUR applied learning responsibilities (e.g. - budget preparation):

Describe *objectively* (in list form) what you hope to accomplish (e.g. – learn how to properly prepare a budget statement for a large organization)

(1)	
(2)	
(4)	
(5)	
(7)	
(8)	
(9)	
(10)	
Student Initials:	Faculty Supervisor Initials: