EDUC 450: APPLIED STUDIES INTERNSHIP 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 Assigna	ment				
Name of Site:					
Address:					
				Zip:	
Site Supervisor:					
Title:					
Email:					
Phone:	Fax:				
TO BE COMPLETED E Student has met the follow Met with program's TO BE COMPLETED E Student has met the follow Acceptance into the Minimum 2.00 GPA Submission of acce Submission of appr APPROVAL OF ASSIGN	s academic advisory FACULTY: wing criteria: e Organization: A ptable learning	al Leadership objectives an	and Applied lea		
Student Signature				Date	
Site Supervisor Signature				Date	
Faculty Supervisor (F.S.) Signature				Date	
Program Director Signatur	e			Date	

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

mutually agreed upon by the student and site supervisor for the length of the applied learning assignment. Please list **YOUR** applied learning *responsibilities* (e.g. – budget preparation): (1) _____ (10) Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor Initials: _____ 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) Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor Initials: _____

• It is imperative that a **job description** be established at the beginning of the internship. 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