EDUC 550: APPLIED STUDIES APPRENTICESHIP WORK SITE APPROVAL AND INFORMATION FORM

Student Name	mme myWSU ID Phone:		
Email:			
Semester of Practicum: Fall Spring	Summer Yes	ar Course CRN:	
Start/Stop Dates of Assignment			
Name of Site:			
Address:			
		Zip:	
ite Supervisor:			
Email:			
Phone:	F:	ax:	
Student has met the following criteria: Met with program's academic ad TO BE COMPLETED BY FACULTY Student has met the following criteria: Acceptance into the Organization Minimum 2.00 GPA Submission of acceptable learnin Submission of appropriate Affilia	r: nal Leadership and A g objectives and job 1	responsibilities	
APPROVAL OF ASSIGNMENT:			
Student Signature		Date	
Site Supervisor Signature		Date	
Faculty Supervisor (F.S.) Signature		Date	

Program Director Signature

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

Date

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

(1)		
(2)		
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. ,		
. ,		
(10)		
Student Initials:	Site Supervisor 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Student Initials:	Faculty Supervisor Initials: