EDUC 600: APPLIED STUDIES APPRENTICESHIP 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 Pract	icum: Fall Sprin		Spring	; Summer	Year	Course CRN:
Start/Stop Dates	of Assig	nment _				
Name of Site: _						
Address: _						
-						Zip:
Site Supervisor: _						
Title: _						
Email: _						
Phone: _					Fax:	
TO BE COMP Student has met Met with	the foll	owing ci	riteria:		practicum, int	ernship, or apprenticeship enrollment
TO BE COMP	LETED	BY FA	CULTY	:		
Student has me	t the fol	lowing c	riteria:			
Acceptan	ce into t	he Orga	nization	al Leadership	and Applied le	arning major
Minimum	1 2.00 G	PA				

_____Submission of acceptable learning objectives and job responsibilities

_____Submission of appropriate Affiliation Agreement (if needed)

APPROVAL OF ASSIGNMENT:

Student Signature	Date
Site Supervisor Signature	Date
Faculty Supervisor (F.S.) Signature	Date
Program Director Signature	Date

Date assignment may	start, as determined by F.S.:	<u> </u>	tials:

• 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 vardstick 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)		
(6)		
Student Initials:	Site Supervisor Initials:	Faculty Supervisor Initials:
Describe <i>objectively</i> (in list form statement for a large organized		(e.g. – learn how to properly prepare a budge
(1)		
(4)		
(5)		
(6)		

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

(7) _____

(8) _____

(9) _____ (10) _____

 Student Initials:

 Site Supervisor Initials:

 Faculty Supervisor Initials:
