

**EDUC 400: APPLIED STUDIES PRACTICUM
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 Assignment _____

Name of Site: _____

TO BE COMPLETED BY STUDENT

Student has met the following criteria:

Met with program's academic advisor regarding practicum, internship, or apprenth-1.9.c6r.4028 (.).0.6 ().u.2.3 (t)-4.4 (

• 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.

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

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor Initials: _____

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

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor Initials: _____