

**DEPARTMENT OF HIGHER EDUCATION & STUDENT AFFAIRS
PRACTICUM APPROVAL FORM**

CSP 697, Call No. _____ (to be assigned **after** final arrangements)

Name _____ Date _____

BGSU IDNo. _____ Access Code* _____

Semester to be Registered _____ Credits Requested _____
30 hours/semester for each credit hour

Practicum Supervisor:

Name _____

Dept. _____

Address _____

Phone No. _____ No. Hours During Semester Student Will be Working _____

GOALS (what you wish to accomplish, including skills you wish to develop)

ACTIVITIES (Tasks undertaken to accomplish goals)

PRODUCT TO BE COMPLETED _____

Note: Toward the end of the practicum, you and your practicum supervisor will write brief statements verifying and evaluating the experience. A duplicate of this form will be provided for the student and supervisor after approval of the supervisor and instructor has been received.

Other Comments: _____

Supervisor's Signature Date Advisor's Signature Date

***You MUST fill in your Access Code (year & month of birth unless you have changed it) so that we can register you.**