

**Wellness Connection**  
Department of Recreation and Wellness  
**Practicum Application**  
**(Fall, Spring)**

*Please Type or Print Legibly*

Application for Semester: \_\_\_Fall \_\_\_Spring

**ABOUT YOU**

Name \_\_\_\_\_

BGSU Email \_\_\_\_\_@bgsu.edu BGSU ID # \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Year in school during the proposed practicum: \_\_\_Fr \_\_\_Soph \_\_\_Jr \_\_\_Sr \_\_\_Grad.

**EDUCATIONAL HISTORY**

Academic Major \_\_\_\_\_

Academic Advisor \_\_\_\_\_

Overall GPA \_\_\_\_\_

**Previous experiences that are a benefit to the Wellness Connection:**

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Special interests and/or skills that are a benefit to the Wellness Connection:

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Describe computer skill and knowledge of software/applications:

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Explain how a potential practicum with the Wellness Connection contributes to your chosen career.

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Available interview times:

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BGSU Faculty References:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please return this application to the Wellness Connection, 214 Student Recreation Center**