

UNIVERSITY OF MASSACHUSETTS AMHERST
PRACTICUM/INTERNSHIP PLACEMENT CONTRACT
OFF-LINE COURSE REGISTRATION FORM

L2

I. CANDIDATE INFORMATION

Name: _____ Email: _____
Campus 8-Digit ID: _____
Local Address: _____
Permanent Address: _____
Local Telephone: _____
Licensure Field(s): _____ Grade Level(s): _____

Practicum/Internship
School/Site Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____ Telephone: _____

I will begin my **Practicum/Half-Practicum/Internship** on _____ and
(Please circle appropriate experience) mm/dd/yy
end _____. I agree to be in the building _____
mm/dd/yy (specify time and days)
throughout this period, following the regular public school calendar, not the
University calendar. **Candidate Signature:** _____

*TO BE COMPLETED BY THE
CANDIDATE:*

Semester/Year:
Fall _____
Spring _____

Course #: _____

SPIRE Class #: _____

Credits: _____

Please check one:

____ Undergraduate
____ Graduate
____ Continuing Education

MTEL Results:

(Copies should be uploaded to
your Tk20 account)

Com/Lit Reading _____

Com/Lit Writing _____

Subject Test (1) _____

Subject Test (2) _____

II. SUPERVISING PRACTITIONER

I agree to serve as Supervising Practitioner of Record for _____ in _____,
(Above-named candidate) (Field/Subject)
_____ for the FALL/SPRING semester 20_____.
Grade Level(s)

Supervising Practitioner Name: _____ Certificate Number: _____

Email Address: _____ Licensure Field: _____

License: Initial (number of years of experience): _____ or Professional (number of years of experience): _____

The candidate will also work with: _____

Signature of Supervising Practitioner of Record _____ Date _____

III. PRINCIPAL or HEAD OF AGENCY

I approve of the placement of this candidate as a Practicum/Internship student at this school/site.

Name of Principal or Head of Agency Signature of Principal/Head of Agency Date

IV. UNIVERSITY LICENSURE PROGRAM APPROVAL

This placement is consistent with Program, University, and State policies and I will assign the appropriate supervisor.

Signature of Program Director or Director of Practica Program Date