INDIVIDUALIZED PRACTICUM (NON-LICENSE) CONTRACT

Please follow the instructions below to complete this contract.
1. Fill in all information and obtain necessary approval signatures.
2. Deadline for Filing: For registration, contract must be filed with the Academic Affairs Office, W114 Furcolo Hall, prior to the end of the add/drop period.
3. Changes in existing contracts may be renegotiated.

Last Name       First Name       Middle Initial       Spire #

E-mail Address

Telephone Number

Major

Semester & Year (e.g., Fall 2007)

Graduation Class

STATUS (Check)

☐ Undergraduate (UG)
☐ Master's (GM, GA, GT)
☐ Master's/Doctoral (GY)
☐ Doctoral (GD)
☐ Continuing Education (CPE)
☐ Non-Degree (GN)
☐ Other ________________

** Credits do not apply towards Education Minor

NUMBER OF CREDITS

Title of Individualized Practicum

STATEMENT OF OBJECTIVES (Additional information may be attached):

PLANNED ACTIVITIES:

CRITERIA FOR EVALUATION AND FORM(S) OF ASSESSMENT:

APPROVAL SIGNATURES:

* Printed Faculty / Instructor’s Name

Concentration

Course # EDUC ___________________________

Class # (5 digits) __________________________

Abbreviated Title (Max 25 characters w/spaces):

Approved: _____________________________

FOR OFFICE USE ONLY

Student

Date

Instructor

Date

Faculty Sponsor

Date

Educator Licensure Officer

Date