

**PRACTICUM PROPOSAL FORM
PEH 209/409**

Student Name: _____

Email: _____ Phone: _____

(check one) PEH 209 PEH 409 Term: _____ Credits : _____

Practicum Placement / Proposed Duties & Objectives:

Name of Supervisor: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Email: _____ Phone: _____

PEH 409 Project Paper Topic:

Student Signature: _____

Advisor Signature: _____

EOU Coordinator Use Only

CRN: _____

EOU Practicum Coordinator Signature: _____ Date: _____

Satisfactory Completion

Notes

- Research Paper _____
- Journal _____
- Supervisor Confirmation _____
- Required Hours _____

Final Grade Submitted (Other than X) Date _____