

Date Enrolled  _____
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COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS  
DEPARTMENT OF HUMAN DEVELOPMENT

### HDEV 475 Practicum Cover Sheet

Please note: Registration for HDEV 475 is contingent upon attendance at the mandatory practicum orientation session during the semester prior to anticipated enrollment.

PLEASE PRINT LEGIBLY:

Name: \_\_\_\_\_ BU ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check one:     Spring 20\_\_     Summer 20\_\_     Fall 20\_\_

Number of credits: (Only offered for 4 credits)

Grading Option: (Only offered normal grading)

Practicum Site: \_\_\_\_\_

Practicum Address: \_\_\_\_\_

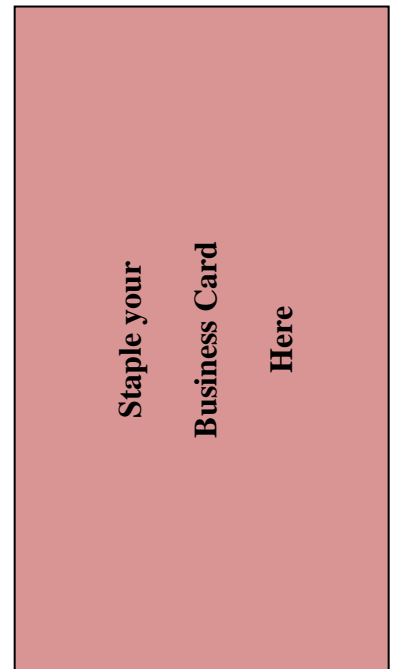
**(Complete address information required)**

Practicum Field \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_



#### Approval by Practicum Site Supervisor

I have read the practicum guidelines and attached proposal and agree to act as site supervisor for this practicum. I agree to provide necessary practicum evaluations as requested by the faculty instructor.

Site supervisor's signature: \_\_\_\_\_

#### Approval by Department of Human Development

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

HDEV Community Liaison: \_\_\_\_\_