

**LEAD 400: APPLIED STUDIES PRACTICUM
WORK SITE APPROVAL AND INFORMATION FORM**

IMPORTANT: Students may not begin a practicum until this form is signed by all parties.

Student Name _____ myWSU ID _____

Email: _____ Phone: _____

Semester of Practicum: Fall Spring Summer Year _____ Course CRN: _____

Start/Stop Dates of Assignment _____

Name of Site: _____

Address: _____

_____ Zip: _____

Site Supervisor: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

TO BE COMPLETED BY STUDENT

Student has met the following criteria:

_____ Met with program's academic advisor regarding practicum, internship, or apprenticeship enrollment

TO BE COMPLETED BY FACULTY:

Student has met the following criteria:

_____ Acceptance into the Organizational Leadership and Applied learning major

_____ Minimum 2.00 GPA

_____ Submission of acceptable learning objectives and job responsibilities

_____ Submission of appropriate Affiliation Agreement (if needed)

APPROVAL OF ASSIGNMENT:

| | |
|----------------------------|---------------|
| _____ Student Signature | _____ Date |
|----------------------------|---------------|

| | |
|------------------------------------|---------------|
| _____ Site Supervisor Signature | _____ Date |
|------------------------------------|---------------|

| | |
|--|---------------|
| _____ Faculty Supervisor (F.S.) Signature | _____ Date |
|--|---------------|

| | |
|-------------------------------------|---------------|
| _____ Program Director Signature | _____ Date |
|-------------------------------------|---------------|

Date assignment may start, as determined by F.S.: _____ F.S. Initials: _____

• It is imperative that a **job description** be established at the beginning of the practicum. This allows all who are involved to understand what the student will hope to accomplish and will be a yardstick for measuring student accomplishment. The job description should be made up of work-related duties that have been mutually agreed upon by the ***student and site supervisor*** for the length of the applied learning assignment.

Please list **YOUR** applied learning *responsibilities* (e.g. – budget preparation):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

Student Initials: _____

Site Supervisor Initials: _____

Faculty Supervisor Initials: _____

Describe *objectively* (in list form) what you hope to accomplish (e.g. – learn how to properly prepare a budget statement for a large organization)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

Student Initials: _____

Site Supervisor Initials: _____

Faculty Supervisor Initials: _____