LEAD 550: APPLIED STUDIES APPRENTICESHIP WORK SITE APPROVAL AND INFORMATION FORM

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

	myWSU ID				
Email:	Phone:				
Semester of Practicum:	Fall Spring	Summer	Year	Course CRN:	
Start/Stop Dates of Ass	ignment				
				Zip:	
Site Supervisor:					
Title:					
Email:					
Phone:	Fax:				
Met with progra TO BE COMPLETEI Student has met the for Acceptance into Minimum 2.00 C Submission of a Submission of a APPROVAL OF ASSI	D BY FACULTY ollowing criteria: the Organization GPA cceptable learning ppropriate Affilia	: al Leadership g objectives ar	and Applied lea ad job responsib		
Student Signature				Date	
Site Supervisor Signatu	re			Date	
Faculty Supervisor (F.S	.) Signature			Date	
Program Director Signa	ature			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 internship. 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.

(1)		
(2)		
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. ,		
(10)		
Student Initials:	Site Supervisor Initials:	_ Faculty Supervisor Initials:

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

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Student Initials:	Faculty Supervisor Initials: