LEAD 600: APPLIED STUDIES APPRENTICESHIP 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 Assign	nment			
Name of Site:				
Address:				
				Zip:
Site Supervisor:				
77°.1				
Email:				
Phone:	Fax:			
TO BE COMPLETED Student has met the following the student has met the student has m	's academic adv. BY FACULTY: owing criteria: ne Organization PA eptable learning propriate Affiliat	al Leadership objectives an	and Applied lea	
Student Signature				Date
Site Supervisor Signature				Date
Faculty Supervisor (F.S.) Signature				Date
Program Director Signatu	ıre			Date

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

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): 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) (2) (10) Student Initials: _____ Site Supervisor Initials: _____ Faculty Supervisor 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