

Students should complete and submit this form to your Faculty Advisor for approval. Once you have received approval, the Faculty Advisor will send one copy of the form with a letter to your Agency Supervisor. Be sure to take the time to write out thoughtful objectives that will be measurable and that relate to your RPLS coursework.

Name _____

Starting Date is: _____ Ending Date is: _____

My address during my practicum:

Street: _____

City: _____ State: _____ Zip: _____

My phone # during my practicum: _____

My MSU e-mail address: _____

Name of the Agency where I will be doing my practicum:

Agency Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name/title: _____

Supervisor's phone #: _____

Supervisor's e-mail address: _____

The objectives I hope to achieve during this Practicum include: (list 5)

1)

2)

3)

4)

5)

Faculty Signature / Date: _____ / _____