

To Be Completed by Student:

Do not use SSN if you are sending form by Email

1. Student's Name (Print): _____ Student ID or SSN: _____
2. _____
Street - PO Box - Apartment Number City Zip
3. Telephone # (Home) _____ (Business) _____ (Cell) _____
4. Student Signature: _____ Date _____

To Be Completed by Instructor:

1. Pre-Practicum requirements completed? _____ Yes _____ No
2. Area and level of practicum or internship _____
(Be Specific)
3. Field placement _____
4. Field placement supervisor _____
Print Name
5. Dates of proposed practicum/internship _____
6. Term (Fall, Winter, Spring, Summer I, Summer II) _____ Year _____ Course# _____
of Credits _____

Required Signatures:

1. Required for Program: Yes _____ No _____
(Chair's Initials) Department Chair's Signature Date
2. _____
INSTRUCTOR Name (Print) INSTRUCTOR (Signature) Date
3. _____
Dean of Graduate & Continuing Education, Signature Date

Instructions for completing this form:

- 1) Student & supervising faculty complete this form together.
- 2) Supervisor signs form and indicates course number and credit value.
- 3) Student obtains signature of Department Chair.
- 4) Student obtains Department Chair initials.
- 5) Student brings completed form to the Continuing Education office where staff will obtain signature of Dean. *Incomplete or unsigned forms will not be accepted.*
- 6) **When approved by the Dean, the student will be called to come into the office to register and pay for the course within 5 days. Registration after the 5 days, or registration one week or more after the start of the semester, will result in the addition of the \$100 nonrefundable delayed payment fee. Current course tuition and fees apply to practicum and internship courses.**
- 7) Tuition waivers and Teacher Vouchers may not be used for non-education practica or internships. However, matriculated students may use tuition waivers if the non-education practicum or internship is necessary to meet the requirements of the student's degree program.

Use this form for registration into the courses listed below:

CRJU 0699 (no practicum fee) PSYC 0690 (no practicum fee) PADM 0690 (no practicum fee)
ENGL 0647 (no practicum fee) PSYC 0691 - 0696 (\$100 practicum fee applies)
HIST 0698 (no practicum fee) PSYC 0671 - 0672 ABA Thesis DO NOT USE THIS FORM, use Spec Arrangement form
0699 (no practicum fee)

Note: Pre-approval signatures for PSYC practicum registration not required. Instead, follow directions provided during PSYC practicum orientation, or contact your advisor.

Office Use Only

Date Student Contacted by email and phone: 1) _____ 2) _____ 3) _____ 4) _____
Date Faculty Contacted by email and phone, (when 5 days have passed since student contact w/o registration): 1) _____ 2) _____