

Archives

Concentration

Practical Experience Approval Form

Prior to each practical experience, please complete and discuss this form with your concentration adviser.

Name: _____ Graduation Year: _____

Concentration Adviser: _____

Site for proposed Internship, volunteering or work experience	Name of site: <u>Supervisor</u> Name and title: Phone: E-mail address: Web site URL:
Description of proposed internship, volunteering or work experience, including type of work and supervision you'll receive	
Begin and end dates	
Anticipated total work hours For Praxis funding, must be 220 hours in a single summer; for ARX credit, must be at least 100 hours	

To be completed by Concentration Adviser:
 Practical experience discussed with student

Approved

Signature: _____ Date: _____

Adviser signature: _____ Date: _____