REQUEST FOR APPROVAL OF PRACTICUM HIGHER EDUCATION PROGRAM

Students should submit signed form, written proposal and current resume to hepadmin@gmu.edu. **Deadlines:** Summer: March 1/ Fall: July 1/ Spring: November 1

Student Name	Student G#	Proposed Semester/Term
Proposed Practicum/Internship Site		
Site Address		
Practicum Site Supervisor (Name/Title)		
Credentials (Degrees/Length of time at site))	
Phone Number/Email		
Attach to this form a formal written prop	osal that includes th	he following:
1. A statement of purpose and rationale;		
2. List of learning outcomes		
3. A description of workplace responsibilitie	es;	
4. A description of how the purpose of the	practicum or internsh	ip will be accomplished;
5. A rubric laying out criteria against which		_
internship; and	-	-
6. A plan of work (minimum of 150 hours)		
Required Signatures:		
Student Signature		Date
Advisor Signature		Date
Supervisor Signature (I understand that I'm req	uired to provide 1 hour o	f supervision per week) Date
Practicum Instructor Signature		