

LEAD 550: 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 _____myW/SU

Email: _____ Phone: _____

Semester of Practicum: Fall ~~ring~~ ~~Sp~~ Summer Year _____ Course # _____ CRN: _____

Name of Site: _____

Start/Stop Dates of Assignment _____

Address: _____

_____ Zip: _____

Site Supervisor: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

TO BE COMPLETED BY STUDENT

Student has met the following criteria:

Met with program's academic advisor regarding

