LEAD 550: APPLIED STUDIES APPRENTICESHIP WORK SITE APPROVAL AND INFORMATION FORM

IMPORTANT: Students manyot begin a parcticum until thisorm is signe by all parties.

Student Name		myl © /SU				
Email:	Phone:					
Semester of Practicum: Fall risgo Name of Site:	Simmer	Year	Cours@RN:			
Start/Stop Dates of Assignment Address:						
			Zip:			
Ste Supervisor:						
Title:						
Email:						
Phone:	Fax:					
Met with programs academic at TO BE COMPLETED BY FACULTY Student has met the following crite Acceptance into the OrganizaMinimum 2.00 GPASubmission of acceptable learnSubmission of appropriate Affiliate APPROVAL OF ASSIGNMENT:	istor regarding: /: ria: tional Leade ing objective	ership and A es an dejsp on	sibilities			
StudenSignature			Date			
Site Supervisor Signature			Date			
Faculty Supervisor (F.S.) Signature			Date			
Program Director Signature			Date			

Date assignment may start, as deteribiyiTeS:______F.S. Initials:_____

•			