



STUDENT PLACEMENT/PRACTICUM FORM

PLEASE COMPLETE THE FOLLOWING BASED ON
PLACEMENT/PRACTICUM INFORMATION

Student name: _____

Name of Program: _____

Name of Institution: College/University

Location of placement: _____

Address of placement: _____

Placement phone #: _____

Course code: _____ # of credits: _____

Length of placement: Start date: _____ End date: _____

Name of placement supervisor: _____

Supervisor's phone number: _____

Supervisor's email: _____

Placement: **PAID** **UNPAID**

It is important you submit this form at least 1 MONTH prior to placement

Student Signature

Date

Program Coordinator Signature

Date