

PRACTICUM CONTRACT

This document must be completed and submitted to the Practicum Office (in Edgett Hall) for approval by the Director of Practicum prior to the start of the practicum.

Semester will you receive practicum credit? FALL SPRING SUMMER 20 _____

Student Name (please print) Student E-mail

Student ID# Student Phone # SPO #

Supervisor's Name (please print) Church/Organization

Church/Organization Mailing Address

Supervisor's Phone # Supervisor's Fax # Supervisor's E-mail

Name of Practicum Assignment (must be from Practicum Handbook) SM#

Description of Practicum:

Student personal learning goals from this experience (see handbook objectives for suggestions)

- 1.
- 2.

Other practicums completed:

- 1.
- 2.

Student Agreement (payment for summer practicums is to be made prior to contract approval. If you need financial information contact the Director of Financial Aid at 506-432-4432)

I agreed to fulfill the requirements of the above practicum as outlined in the KU Practicums Handbook.

Student's Signature Date

Supervisor Agreement – I agree to supervise and report for the above student as outlined in the KU Practicum Handbook.

Supervisor's Signature Date

Practicum Approval

Director of Practicums Signature Date

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