

University of Tennessee
Educational Leadership and Policy Studies
College Student Personnel

PRACTICUM DESCRIPTION AND APPROVAL FORM

*The student should complete this form (**electronically**) in consultation with the practicum supervisor. After securing the supervisor's approval and signature, the student should submit this form to CSP Program Coordinator, Dr. Dorian McCoy for approval. This process should be completed in accordance with the published timelines for practicum approval and registration.*

Name of Student: _____

Practicum Semester:

_____ Fall Semester 20____ _____ Spring Semester 20_____

_____ Summer Semester 20_____

PLEASE COMPLETE THE FOLLOWING INFORMATION RELATED TO THIS PRACTICUM:

Name of Office: _____

Name of University: _____

Name of Supervisor: _____

Supervisor's Title: _____

Supervisor's Telephone: _____

Supervisor's Email Address: _____

STUDENT PREPARATIONS

The student should be prepared in advance to provide the host site the following information:

- An updated copy of your resume which describes your **current skills and experiences** that serve as preparation for your work in this practicum experience.
- A listing of your **related coursework** that serve as preparation for your work in this practicum experience.
- A description of your **reasons** for wanting this particular practicum experience.