

**CATAWBA COLLEGE
PRACTICUM**

Semester _____ Year _____

Student Name _____ Catawba ID Number _____

Department (offering practicum) _____ Credit Hours _____ sh

Professor Supervising Practicum _____

S / U Grade Will be used

Title of Practicum (no more than 23 characters, including spaces):

Objectives of the Practicum (continue on reverse side, if necessary):

Student Responsibilities / Assignments Regarding the Practicum (continue on reverse side if necessary)

How Will the Practicum Experience Be Evaluated for Letter Grade Assignment?

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Student Signature _____ Date _____

Professor Signature _____ Date _____
(Supervisor for Practicum)

Department Chair Signature _____ Date _____
(In Which Practicum is Offered)

Advisor Signature _____ Date _____

This form must be completed and presented to the Registrar's Office at the time of registration.