

# ***PRACTICUM SCHEDULE CONFIRMATION***

JEM 492 Semester \_\_\_\_\_ Year \_\_\_\_\_

Please complete the following information. Return the complete form to Dr. Martinez ***within two weeks*** of the beginning of the semester.

Student's Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Campus Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Practicum Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Practicum Telephone: (\_\_\_\_\_) \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Practicum Duties:\* \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Normal Hours Per Week Scheduled: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\* use back for additional space

\_\_\_\_\_  
Title