## Practicum Agreement Form

is prope	osing to conduct research in the form of a practicum
(Graduate Student Full Name)	8
that supports the completion of a Master of Science de	egree in with a with a
concentration in	The student understands that this practicum is in
lieu of a Thesis option or the Non-thesis option v	with comprehensive exam. The graduate student has
that serve as t Serve as t	heir Practicum Committee Chair for this practicum.
The graduate student is proposing the following project	et for their practicum:
Proposed Practicum Title:	
Brief Description of Proposed Practicum:	
It is anticipated that the proposed practicum will requi	re approximately hours of on-site
activities and will be conducted at the following locati	on:
	(Company name and location)
The timeframe for these onsite activities will begin	and the onsite activities
(6	expected beginning date)
should conclude on or about	
(expected end date)	

This practicum will be performed as a requirement for degree listed above and under the supervision of the Practicum Committee Chair and the onsite supervisor.

The Student Agrees to:		
	o so in the proscrib	oth the Practicum Committee Chair and ed manner following the standards of
☐ Once all on-site activities are complet Chair and the On-site Supervisor that		
Signature:		Date:
(Graduate Student's Signature)		(date)
Graduate Student's Phone:(Graduate Student's P		(Graduate Student's Email)
As the Onsite Supervisor,		agrees to:
(On-Site Suj	pervisors full name)	
☐ Provide on-site supervision for the proposed p	racticum.	
proposed practicum.  Make clear to the graduate student whaccess while on-site.  When appropriate, advise the Practicum Common-site Supervisor's Signature:	nittee Chair on the gr	
(Onsite Super Visor's Signature.	pervisor's Signature)	(date)
On-Site Supervisor's Phone:(Onsite Supervisor)  As the Practicum Committee Chair,	or's Phone)	(On-Site Supervisors Email)
	Chair's full name)	ug. 000
<ul> <li>Evaluate proposed practicum onsite ac student and on-site supervisor to help</li> </ul>	ctivities and make ap	
where appropriate.	pervisor, the graduat	e student, and the practicum committee
Practicum Chair's Signature:(Practicum	Chair's Signature	Date:
Practicum Chair's Phone:(Practicum Chair	Email:	(Practicum Chair's Email)

NOTE: This practicum may be terminated at any time by the on-site supervisor or the University upon written notification to all parties involved.