

# PRACTICUM COMPLETION FORM

Upon completing a placement with a host organization, notify the department by submitting this form to the Graduate Program Office.

## *Student Information*

Student Name:	
Student Number.:	
Supervisor Name:	

## *Host Organization Information*

Host Organization:	
Contact Name:	
Contact Email and Phone:	
Address:	
Start Date:	
End Date:	

## *Brief Description of Practicum*

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When the student has completed the Practicum, the host organization will approve completion and may send comments by email to the supervisor. Upon review of all materials, the student's supervisor will approve the completion by signing below. This will allow the milestone entry to be completed and placed on the transcript.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

For Office use:     Milestones     People Soft     Student File