

RESEARCH PRACTICUM CONTRACT

Please print this form, fill it out, and return it to the Doctoral Office.

Student's Name: _____

Faculty Supervisor: _____

When will you work?

* Beginning date: _____ Completion date: _____

* Number of hours per week: _____ Days per week: _____

* How often will you have supervision? _____

* Who will be your supervisor? _____

Please consider your personal goals for the practicum experience and discuss them with your supervisor. Attach a separate sheet to the contract that answers in full the following questions:

1) Explain in detail your agreement with your faculty supervisor as to what activities/tasks you will perform during your practicum.

2) Indicate what knowledge or learning experience you expect to gain from this experience.

3) Do you expect to submit a research paper (written by yourself or co-authored with your supervisor) for publication that integrates the work of your practicum experience?

Student's signature: _____

Practicum supervisor's signature: _____

Date: _____

