



Practicum/Internship Request

Student's Name _____ Request date _____

___ Practicum or ___ Internship ___ Institute related or ___ Private Company

Name of organization providing practicum/internship _____

Name of person/s responsible for overseeing this experience and that will provide the needed documentation upon completion _____

To be filled out by **student**

What do you expect to gain through this experience?

I commit to fulfilling all requirements by the Work Ed Department and establishment where I will be completing this practicum/internship and understand that no concessions will be made by Weimar College for missed classes due to practicum/internship work responsibilities.

Student's signature

To be filled out by **supervisor**

Brief description of practicum/internship

Duration of practicum/internship: Date starting _____ Date ending _____

I commit to providing the minimum number of hours required (Per semester, 120 for practicum or 180 for internship) being sensitive to not conflict work with the student's academic responsibilities and agree to turn in the required documentation at the close of the practicum/internship experience.

Supervisor's Signature