|  |  |
| --- | --- |
| Student Number: |   |
| Student Name: |  |
| Practicum Number / Title: |  |
| Location / address where Practicum is to take place: |  |
| BU Campus Supervisor (name & email address): |  |
| Field / Site Supervisor(name & email address): |  |
| Number of Hours: |  |
| General & Specific Outcomes: |  |

|  |
| --- |
| Timetable for the Practicum: |
| Start date: month/day/yearFinish date: month/day/year**\*My practicum will occur (please select one):**

|  |  |
| --- | --- |
| [ ]  | Within my place of work |

|  |  |
| --- | --- |
| [ ]  | Outside of my place of work and may be subject to additional restrictions related to public health |

 |
|  | **\*Student signature**: |  |

The following section is to be signed by the BU Campus Supervisor & Field/Site Supervisor, as acknowledgement that each are in agreement to the description of the practicum location, and start & finish by dates, as are provided above:

 **Campus Supervisor:**

|  |  |  |
| --- | --- | --- |
|  | **Field/Site Supervisor:** |  |

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