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| --- | --- |
| 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/year  Finish 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:**

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

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