|  |  |
| --- | --- |
| Student Number: |   |
| Student Name: |  |
| Practicum Number / Title: |  |
| Description: |  |
| Student Bio: |  |

|  |
| --- |
| Timetable for the Practicum: |
| Anticipated Start date: month/day/yearAnticipated Finish date: month/day/year**\*I have completed the Respect in the Schools training (please select one):**

|  |  |
| --- | --- |
| [ ]  | Yes |

|  |  |
| --- | --- |
| [ ]  | No  |

 |

Following a thorough review by the respective specialization area, the Department Chair will return the form with their final decision to the Graduate Studies Office for continued processing:

|  |  |
| --- | --- |
|  **Date:**  |   |
|  | **Department Chair** (signature): | (print name):  |