

UNIVERSITY OF NORTH TEXAS
Department of Library and Information Sciences

NON-MEDICAL PRACTICUM/FIELD EXPERIENCE APPLICATION

_____ Date

_____ Student Last Name First Name Middle Name/Initial

_____ Student Phone Student Email Address

_____ Practicum/Field Experience 5090.702
_____ Course Title Course Number

_____ Practicum Site Site Supervisor

_____ Supervisor Phone Supervisor Email Address

_____ Faculty Advisor

_____ Date Practicum Began Date Practicum Ended (approx.)

Practicum/Field Experience Objectives:

(Note: The objectives must be written with the advice and collaboration of the site supervisor and the Health Informatics faculty advisor.)

Practicum Requirements:

Check the box to the left of the requirement to indicate acceptance of the requirement. If any modifications to the standard requirements have been agreed upon by the student, the site supervisor and the faculty advisor, enter those modifications in the Notes field.

Minimum 120 hours

Notes:

Log of Activities

Notes:

Project

Notes:

Other (may be left unchecked)

Notes:

Practicum/Field Experience Form

Notes:

Evaluation Form

Notes:

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Project Description:

Describe the project to be carried out at the practicum/field work experience site:

Student Signature

Date

Site Supervisor Signature

Date

Faculty Advisor Signature

Date

Send to:

Attn: Non-Medical Practicum/Field Experience Director
University of North Texas
College of Information, Library Science, and Technologies
Department of Library and Information Sciences
1155 Union Circle #311068
Denton, TX 76203-5017

Or fax to: 940-565-3101. (Voice: 940-565-2445).