

**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:**

**NON-MEDICAL PRACTICUM/FIELD EXPERIENCE APPLICATION - 3**

**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).