

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 via email to:

Dr. Ana Cleveland

Ana.Cleveland@unt.edu