



Art History
CARLETON UNIVERSITY

Student Practicum Application Form

Proposed Practicum Term and Year: Fall/Winter/Summer _____

Name:

Student Number:

Telephone:

Email:

Program:

Year: (Undergraduate: 3rd ___ 4th ____, Graduate: 1st ___ 2nd ___)

Grade point average:

Interests (state interests and preferences that might be relevant to practicum placement):

Please attach a resume if available.

Relevant work/volunteer experience:

Computer skills:

Languages:

Return form and academic audit to: ssac@carleton.ca