

**Student Practicum Application Form**

Proposed Practicum Term and Year: Fall 2019, Winter 2020, Summer 2020

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:***

|  |  |
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| **Graduate Students:**  **Barbara Shannon**  **Carleton University**  **423A SP**  **Phone: 613.520.2342**  **Fax: 613.520.3575**  **Barbara.shannon@carleton.ca** | **Undergraduate Students:**  **Megan Strathearn**  **Carleton University**  **423B SP**  **Phone: 613.520.5606**  **Fax: 613.520.3575**  **ssac@carleton.ca** |