

Student Name

Program

Undergraduate Practicum

Graduate Internship

Term and Year

Institution Name

Supervisor Name

Supervisor E-mail

Agreed Start Date

Agreed End Date

Distribution of hours  
(e.g. Fridays 9-6)Student's primary  
duties

Checklist

Student has read and understood course requirements described on the syllabus

Student has signed "Student Declaration of Understanding and Agreement" regarding insurance coverage

Supervisor has signed "Letter to Placement Employers" regarding insurance coverage

**Student:** I agree to the hours and duties described above and to the conditions outlined on the syllabus. I agree to contact supervisor as soon as possible if my availability changes for any reason.

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Student signature

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Date

**Supervisor:** I agree to supervise this student; to the hours and duties described above; to provide significant opportunities for student learning; and to submit the supervisor evaluation form by the last day of the semester.

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Supervisor signature

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Date