



Northern Studies

CARLETON UNIVERSITY

NRTH 5901 Practicum Placement Form

Course Coordinator: Derek Mueller derek.mueller@carleton.ca

Course Administrator: Davina Joseph davina.joseph@carleton.ca

You must complete and submit this form to the Course Coordinator and Administrator before you are permitted to register for this course.

Name of Placement Agency: _____

Address of Placement Agency: _____

Name of Placement Supervisor: _____

Title of Placement Supervisor: _____

Email: _____

Phone: _____

Signature: _____

Location of the Practicum: _____

Start of practicum: _____

End of practicum: _____

Mid point report due date: _____

Final report due date: _____

Amount of financial support for student: _____

Source of funds: _____

Submitted to Course Administrator:

Letter to Placement Employers date: _____

Student Declaration of Understanding and Agreement – date: _____

Insurance details: _____

Emergency contact (if student is travelling) Name: _____

Relationship: _____ Phone number: _____

Email: _____

Student Signature: _____