SURP-875 Community Practicum Consent/Approval Form

Student's Name:	
Student's Name:Surname	Given Name(s)
Student Number:	
Faculty Supervisor's Signature/Approval	: Date:
Professional Supervisor's Signature/Appr	roval: Date:
Term taken: Fall Winter Summer (C	Circle one)
☐ Proposal attached (1 page max. – file v	vith supervisor)
☐ Accident Coverage for Students on Un	paid Placements
Director:	Date:
Approved: Yes No	
Comments:	
☐ Practicum Log (1 page) attached	
Final Report/Assignment	
Submitted (date):	
Approved (date):	Faculty Supervisor
	Professional Supervisor
Grade Assigned for Course: %	Faculty Supervisor