SURP-875 Community Practicum
Consent/Approval Form

Student’s Name: _____________________________  ____________________________
  Surname       Given Name(s)

Student Number: _____________________________

Faculty Supervisor’s Signature/Approval: _______________________ Date: _____________

Professional Supervisor’s Signature/Approval: ____________________ Date: _____________

Term taken: Fall     Winter     Summer (Circle one)

  ☐ Proposal attached (1 page max. – file with supervisor)

  ☐ Accident Coverage for Students on Unpaid 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 _________________________

  Letter Grade: _______  Professional Supervisor______________________