APPLICATION FOR RESEARCH PRACTICUM (9799)

The Research Practicum Form MUST be filled out and signed by all parties BEFORE student registers for class.

**Part A:** (To be completed by student)

|  |  |
| --- | --- |
| Semester and Year (e.g., Fall 2020) |  |

|  |  |
| --- | --- |
| Student Full Name |  |
| Address |  |
| Phone |  | Student ID |  |
| Program |  | Academic Adviser |  |
| Application Date |  | Practicum Adviser |  |

|  |  |
| --- | --- |
| Project Title |  |

**PART B:** (To be completed by Practicum Advisor)

Describe the work that will be completed by the student.

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What are the deadlines for the student to complete the work above?

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On what basis will you grade the student’s success in this work?

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|  |

**PART C:** Approvals and Signatures

Student Date

Practicum Adviser Date

ELMP Department Chair Date