

STUDENT AFFAIRS PRACTICUM/INTERNSHIP ON-SITE SCHEDULE FORM

ON-SITE LOCATION

NAME & TITLE OF SITE SUPERVISOR

SCHEDULED TIMES

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

COMMENTS:

YOUR NAME

DATE

NOTE: Complete this form and distribute one copy to the Practicum/Internship site supervisor, one copy to the faculty supervisor, and keep one copy for your reference. Distribution of copies should be facilitated immediately after arranging your schedule with the site supervisor. Please keep the faculty supervisor apprised of all schedule changes in a timely manner.