

# STUDENT AFFAIRS *PRACTICUM* PROSPECTUS

## Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city, state, zip)

Phone: \_\_\_\_\_  
(home) (work) (cell)

E-mail Address: \_\_\_\_\_

## Host Information

Host Name: \_\_\_\_\_  
\_\_\_\_\_  
(name of department, unit, institution)

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city, state, zip)

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Describe the inclusive dates of your Practicum experience, the times and dates you plan to work, the number of hours you intend to complete at this site, and the average number of hours per week you plan to work:

Describe your on-site supervisor's educational and work experiences (also attach on-site supervisor's CV or resume):

List the services offered at your Practicum site:

Describe the duties and responsibilities you intend to perform during the Practicum experience and the relative amount of time you plan to devote to each:

List your personal and professional goals as they pertain to the Practicum experience:

Supervision Plan:

## Student, On-site Supervisor, and Faculty Supervisor Expectations

Our signatures indicate that we understand and will abide by the following guidelines for completing the Practicum experience at this site:

Students are required to:

1. Complete supervised Practicum experiences that total a minimum of 100 hours.
2. Complete supervised Practicum experiences that conform to the following minimum requirements:
  - a) Engage in direct service with actual students in order to foster the development of student affairs skills.
  - b) Weekly supervision that averages one-half hour per week of individual supervision throughout the Practicum with the on-site supervisor.
  - c) An average of one-and-one-half hours per week of group supervision that is provided on a regular schedule throughout the Practicum by a program faculty member; this is typically met by attending the weekly Practicum class meetings.
  - d) Have an evaluation of the student's performance, including documentation of a formal evaluation after the student completes the Practicum.

\_\_\_\_\_/\_\_\_\_\_  
Student signature Date

\_\_\_\_\_/\_\_\_\_\_  
Site Supervisor signature Date

\_\_\_\_\_/\_\_\_\_\_  
Faculty Supervisor signature Date