

Student Practicum Agreement

Department		GPA	
Student Name		Practicum Course	
Student Number			
Employer		Start Date:	
Position		End Date:	
		Deliverable Due Date:	

Student:

I agree to complete the project as specified in the attached syllabus. I acknowledge my responsibility for communicating regularly with faculty advisor. I agree to the dates listed above.

Signature

Date

Faculty Advisor:

I am satisfied with the project specified. I acknowledge my responsibility for communicating regularly with the student. I acknowledge my role in providing guidance for the student. I agree to the dates listed above

Signature

Date

Employer:

I understand that this student is finishing a requirement for his/her master's program and that he/she will be using our company as reference for most of this project. I agree to support the student in accomplishing the project(s) as specified in the attached syllabus.

Signature

Date

Send Copy to Dean of CGS/Dean of Academics/Director of Student Services