

Practicum Permission Form

Semester _____ Year _____

Student Name _____ Student ID# N _____

Concurrent Course Title _____

Practicum Credit(s) _____ Practicum CRN# _____

Total Semester Credits including Practicum _____

Brief Description of Project _____

I hereby request permission to enroll in the above Practicum. I understand that the course is graded separately, and the grade mode is pass/fail.

Student's Signature

Date

Professor's Signature

Date

Assoc. Dean for Academic Affairs's Signature

Date