

INDG 6700 Practicum Proposal Form

Please provide as much detail as possible on the proposed practicum. You must obtain approval from the Director of Studies and then the Program Director prior to undertaking the practicum.

Submit this form to barbarawall@trentu.ca AND rcolley@trentu.ca

Student Name:

Student Number:

Email Address:

Year in the Program: Year One

Year Two

Other (Please specify):

Academic Term the Practicum will Take Place:

Summer Term

Fall Term

Winter Term

Other (Please specify):

Community/Organization Contact Information:

Name:

Address:

Phone:

Email:

Supervisor Contact Information (The individual within the community or organization who will be supervising the practicum):

Name:

Phone:

Email:

What type of work will you be doing for the community or organization?

Research

Other (Please provide specific details about what you will be doing for the community or organization (as detailed as possible)):

Start Date:

End Date:

Signatures

By signing this form you agree to fulfill the responsibilities of the practicum as outlined by the community or organization and approved by the Director of Studies for the PhD Program.

Student Signature:

Date:

Approvals (You must obtain approval from the Director of Studies and then the Program Director prior to undertaking the practicum.)

Director of Studies Signature:

Date:

Program Director Signature:

Date:

Community/Organization Supervisor Signature:

Date:

Have you completed:

- A) **Student Declaration of Understanding**
- B) **Working from Home Guidelines (if applicable)**
- C) **Safety Orientation Checklist**

***Please save a copy of this form for your own records and submit a copy to both barbarawall@trentu.ca AND rcolley@trentu.ca**

Miigwech/Nia:wen/Marsi!