

Teaching Practicum Approval

| Student information | |
|--------------------------|-------------------|
| Surname: | Given name(s): |
| Student number: | Email: |
| Degree & level of study: | Academic session: |

| Course information |
|------------------------|
| Course number & title: |
| Report area: |

| Expected duties and requirements of practicum (course outline must be attached). |
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| Approvals | | |
|----------------------------|-----------|-------------------|
| Name | Signature | Date (mm/dd/yyyy) |
| Supervisor: | | |
| Practicum supervisor: | | |
| Committee member: | | |
| Committee member: | | |
| Graduate program director: | | |