

College of Education and Human Services
Department of Counseling & Educational Leadership
Educational Leadership Program
(904) 620-2990

EDUCATIONAL LEADERSHIP PRACTICUM AGREEMENT

We, the undersigned, agree for the following student to do a practicum in our setting:

Name of Student _____ Social Security Number _____

Home Address _____ Zip Code _____ Phone Numbers (Home and Work) _____

Site Name and Nature of the Practicum Experience _____

Location (Mailing Address) _____

Name/Title and Signature of On-Site Supervisor _____

Course Number, Section, Credit Hours _____

Number of Work Hours Per Week/Total Minimum Hours/Total Work Hours _____

University Supervisor _____ Date _____

Program Director, Educational Leadership _____ Date _____

Dates of Practicum From: _____ To: _____

DISTRIBUTION:
Original: Educational Leadership File
Yellow: OSS Student File
Pink: Student
Goldenrod: On-Site Field Supervisor