

UNIVERSITY OF SAINT MARY
Internship and Practicum Registration Form

Name: _____ Social Security # _____

Term (Please circle one) : FALL SPRING SUMMER _____ Year

Dept. & Course Number	Internship/Practicum Title	Credits
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Date	Signature of Student
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DESCRIPTION OF INTERNSHIP OR PRACTICUM

A detailed description must be attached to this form. The following information should be included:

1. Location of the Internship or Practicum
2. Brief description of the Internship or Practicum
3. Objectives
4. Major learning experiences
5. Methods of assessing achievement of the objectives
6. Additional information required by the director of the Internship or Practicum.

All Internships/Practicums taught for pass/fail credit only

REQUIRED SIGNATURES OF APPROVAL: These signatures are necessary before the student will be officially enrolled.

Signature of Director of Practicum/Internship

Date

Signature of Chairman of Department

Date

Signature of the Academic Vice President and Dean of the College

Date