

\_\_\_ **First Practicum**

\_\_\_ elementary \_\_\_ secondary

\_\_\_ **Second Practicum**

\_\_\_ elementary \_\_\_ secondary

## Proposal Form for School Media Students

This form is **required** to earn credit for a school media practicum experience. It *must* be received in the Blackboard course for IST 972 at least **one week prior** to the first recorded day on site.

### STUDENT INFORMATION:

Name: \_\_\_\_\_ SU ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**How many credit hours have you completed towards your degree?** \_\_\_\_\_

**Have you completed your 100 hours of required fieldwork?** \_\_\_\_\_

Semester your Practicum will begin:  Fall  Spring  Summer Year: \_\_\_\_\_

Approximate dates of practicum: From: \_\_\_\_\_ To: \_\_\_\_\_

Schedule (days, hours of work): \_\_\_\_\_

(must equal 120 hours under the supervision of your site supervisor)

Academic Advisor: \_\_\_\_\_ Faculty Supervisor: \_\_\_\_\_

### PRACTICUM INFORMATION:

School Name: \_\_\_\_\_ District Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SITE SUPERVISOR:**

Name: (Mr./Mrs./Miss or Ms.) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Contact (if any): \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR  
PROPOSED PROJECTS / ACTIVITIES AT THE PRACTICUM SITE:**