

Practicum Agreement

The practicum coordinator must complete this form and send it to the student.
The student must return this form by [service request](#) (Study Plan category).

Student identification

FIRST NAME

LAST NAME

STUDENT NUMBER

Practicum information

To be completed by the practicum coordinator.

NAME OF THE ORGANIZATION

START DATE OF THE PRATICUM

END DATE OF THE PRATICUM

ADDRESS

List of tasks and responsibilities (If you need more space please use a second page)

Practicum coordinator's information

PLACEMENT SUPERVISOR FIRST NAME

PLACEMENT SUPERVISOR LAST NAME

PHONE NUMBER

TITLE POSITON

EMAIL

Practicum coordinator's commitment

By signing this form, you agree that the student named above will complete a practicum within your organization and that you will take charge of this student supervision, provide the necessary tools, and prepare a mid-term and final report

SIGNATURE (PRACTICUM COORDINATOR)

DATE (YYYY-MM-DD)