

PRACTICUM PROPOSAL FORM

Name _____ SID: _____

Semester _____ Telephone: _____ Email address _____

THIS FORM MUST BE COMPLETED PRIOR TO REGISTRATION IN PRACTICUM

MUS 494 _____ units
1-6

MUS 694 _____ units
1-6

*Project Description: _____

Approximate time to be spent on project: _____

Signatures:

Student (please print last name)

Date

Approved: Faculty Sponsor (please print last name)

Date

Please return this form (with both signatures) to the Vice Director in the Office of Academic Student Services.

Approved: Vice-Director, The School of Music

Date

*Description must include: List of *practicum* duties, procedures for assessment and evaluation, and a list of facilities and equipment required