

Practicum in Student Affairs Administration

Approval Form/Contract

STUDENT INTRODUCTION

To Be Completed By The Student

Name

Course

(Pick One)

SAA

6283

SAA

6083

SAA

6093

**My typed signature will act as my legal signature and approval of the contract.*

Practicum Site: University/College Name

Intended Semester

(Pick One)

Fall

Spring

Functional Area

Summer 1

Summer 2

Year

SITE HOST SECTION

To Be Completed By Site Host

Site Host Name

Site Host Professional Bio

(education, years of experience, areas of expertise, etc.):

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Site Host E-Mail

Site Host Phone Number

Site Host Mailing Address



ARKANSAS TECH
UNIVERSITY

STUDENT BACKGROUND

To Be Completed By The Student

Present Skills & Experience

(provide a brief listing of the skills & experiences which you have that are related to student affairs and/or this proposed practicum site; attach a resume):

Student Affairs Related Coursework

(list courses taken):

Reason(s) for Selecting this Particular Practicum Site

PRACTICUM DETAILS

To Be Completed By The Student With Assistance From The Site Host

Practicum Outcomes

(what you wish to accomplish stated in measurable outcomes, including skills you wish to develop/enhance)

Example: Student will be able to effectively assist an entering student plan a course schedule.

Means of Evaluation

(how you will know if and to what extent you have met your practicum outcomes)

Activities

(duties to be undertaken to accomplish practicum outcomes)

Product(s) to be Completed

(manuals, policies, slides, programs, etc)

INSTRUCTOR SECTION

To Be Completed By Course Instructor

Practicum Instructor

Date Approved

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SAVE
FORM

**Practicum Students and site host supervisors need to read and understand the ethical principles and standards for the student affairs profession (posted on SAA departmental website > Practicum Participants) and will uphold to the best of their abilities these standards in their practicum sites. Electronic signatures indicate agreement.*