

FORM A: PRACTICUM APPLICATION AND SITE CONTRACT

M.Ed. in Administration of Higher Education Program

Suffolk University

EHS 645: Practicum in Higher Education

Please note: Students enrolling in the EHS 645 Practicum in Higher Education course should submit this application prior to their supervised field experience. Students are strongly encouraged to plan the practicum experience with their intended site supervisor during the semester prior to the one in which they will work.

Date:	
Semester of Practicum	
Student's Name:	
Student ID #:	
Address:	
E-mail:	
Phone (Home)	
<i>Work:</i>	
<i>Cell:</i>	
Institution: <i>(Practicum Site Location)</i>	
Practicum Site: <i>(Department or Unit)</i>	
Practicum Responsibilities:	
Practicum Supervisor:	
<i>Title:</i>	
<i>Address:</i>	
<i>Phone:</i>	
<i>Fax:</i>	
Work Schedule (Days/Hours):	

Agreements:

I agree to supervise the above named student in a practicum experience according to the conditions identified in the Suffolk University practicum manual.

Supervisor signature: _____ **Date:** _____

I agree to perform the agreed upon supervised field experience in the above named office according to the conditions identified in the Suffolk University practicum manual

Student signature: _____ **Date:** _____

Please return this form to either:

Dr. Michael J. Siegel, Assistant Professor and Director, Administration of Higher Education Program, Suffolk University, 73 Tremont Street, Room 722, Boston, MA 02108; msiegel@suffolk.edu; Phone: 781.646.0872; Fax 617.305.1743

Dr. Jennifer O. Duffy, Assistant Professor, Administration of Higher Education Program, Suffolk University, 73 Tremont Street, Room 721, Boston, MA 02108; joduffy@suffolk.edu; Phone: 617.573.8262; Fax 617.305.1743