

FORM A: PRACTICUM APPLICATION AND LEARNING CONTRACT

EHS 645 – Practicum in Higher Education
M.Ed. in Administration of Higher Education
Suffolk University

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.

Student's Name:	
Date:	
Semester/Year of Practicum	
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>Academic Degree and Discipline</i>	
<i>Address:</i>	
<i>Phone:</i>	

<i>Fax:</i>	
<i>Email:</i>	
Work Responsibilities	
Work Schedule (Days/Hours):	

Please note the responsibilities of both parties involved in the practicum experience:

Practicum Student Responsibilities

1. Maintaining a work schedule agreed upon with the site supervisor (in fulfillment of the required 150 work hours per practicum semester).
2. Completing specified work at the practicum site, in accordance with the agreed upon work responsibilities.
3. Participating in regularly-schedule meetings with the site supervisor to discuss work progress.
4. Maintaining contact with the practicum course instructor regarding overall progress.
5. Completing project work in a timely manner.

Site Supervisor Responsibilities

1. Orienting the student to the site/institution.
2. Outlining the scope of the practicum work and identifying goals and expectations.
3. Assisting the student in gaining access to information, personnel, and data required for completion of the work.
4. Meeting with the student in regularly scheduled supervisory sessions
5. Providing a final report on the student's performance (site supervisor guidelines will be made available).

Agreements

I agree to perform the agreed upon work in the above named office in accordance with the Practicum Student Responsibilities.

Practicum Student signature: _____ Date: _____

I agree to supervise the above named practicum student in accordance with the Site Supervisor Responsibilities.

Site Supervisor signature: _____ Date: _____

Please return this form to your practicum course instructor.

Program Director Contact Info:

Dr. Michael J. Siegel, Assistant Professor and Director, Administration of Higher Education Program, Suffolk University, 73 Tremont Street, Room 7064, Boston, MA 02108; msiegel@suffolk.edu; Phone: 617.994.6456; Fax 617.305.1743; www.suffolk.edu/highered.