

**Department of Health and Human Performance
HPHE 3990-Practicum Application**

Application Date: _____ Semester To Be Registered: _____

Name: _____ Win #: _____

School Address: _____
Zip

School Phone: _____ Cell Phone: _____

Home Address: _____
Zip

Home/Cell Phone: _____ E-mail Address: _____

Major/Minor: _____ Graduation Date: _____

Practicum Location: _____

Mailing Address: _____
Zip

Phone: _____ Website Address: _____

Practicum Supervisor: _____ Title/Position: _____

Phone: _____ Email: _____

Dates of Practicum: _____ - _____
Begins Ends

Scope of Practicum: _____
Weeks #Hours per week Total Hours (225 Minimum)

Student's Signature

Date

Office Use Only

HPER 399 Advisor

Date

Recreation Program Coordinator

Date

Approved: _____

Denied: _____

Registered: _____