

Please be advised that the student must register for this practicum by the end of the College's add/drop period.

PRACTICUM LEARNING CONTRACT

Three Rivers Community College
Norwich, CT

Student's Name _____ Student ID # @ _____
(Print)

Address _____
Street City State Zip

Phone Number _____
Days Evenings

Title of Practicum/ Course No. _____

Semester _____ Credit/Hours _____ Completion Date _____

DIRECTIONS: On a separate piece of paper, please respond in detail to each of the following and attach to this form. Submit completed contract to your faculty supervisor.

- 1.) Indicate each of your learning objectives. Be as specific as possible.
- 2.) Describe the Practicum activities designed to meet your learning objectives.
- 3.) Specify the required written work and readings (when appropriate).
- 4.) Indicate the meeting dates and places for each of your practicum activities.
- 5.) Indicate the evaluation procedure and methods and criteria for awarding final grades as assigned by faculty evaluator.

Name of Company/Center _____

Site Supervisor _____ Date _____

Student's Signature _____ Date _____

Instructor's Signature _____ Date: _____

Academic Dean's Signature _____ Date: _____

Copies:
Student
Instructor
Registrar
Site Supervisor
Cashier