

## New Practicum Proposal

Name:		Date:			
Proposed Practicum Department/Unit: Address	n Site:				
CONTACT PERSO	ON				
Phone					
<b>Description of Site:</b>					
				<del>-</del>	
Supervision:				_	
Primary Supervisor:					
Secondary Superviso	or:		Degree		
Practicum Activitie	s (note who might ser	ve as supervisor for each acti	vity):	_	
				_	
				<u> </u>	
	Hours/week	Type of Supervision	Area of Supervision	]	
Primary Supervisor Supervisor 2					
Supervisor 2					
Yes No		ormer employee of this agency			
Yes No		a contract between the site and the University of Hartford (separate of the agreement form) required			
		y the site? If yes, please attach.			
Yes No		nere a taping restriction?  uld this be a stipend or paid practicum? If yes, explain terms			
1 es No	would uns be a super	id or paid practicum? If yes, ex	xpiam terms		
-					

## Attach:

- 1. Printed brochure or descriptive materials about site
- 2. Potential supervisor(s) CV's