Petition for CSD 398 Research Practicum in CSD

Please type or write legibly. After completing the form, and obtaining the faculty member’s signature, please submit the form to Jeanette Ortiz, CSD Department Assistant Chair, in Frances Searle 3-247.

Student’s Name: __________________________________________________________

Student’s NU Email: _______________________________________________________

ID Number: ____________________________  Class of 20_____________________

Major: _______________________________  Qtr/Year of Practicum: ___________

Relevant Coursework Previously Completed:

Description of Practicum Project:

Method of Evaluation:

__________________________________

FACULTY: Please confirm the amount of practicum credit before signing.

Faculty Name: ________________________________  Credits (circle one):  0.5  1

Faculty Signature: ________________________________  Date: __________

Dept. Asst. Chair’s Signature: __________________________  Date: __________

Section: __________________________  Permission Number: ____________________