

HIS University
Practicum Proposal Form

Student's Name: _____

Address: _____

Phone: Home: _____ **Work:** _____

Email: _____

Program Units Completed: _____ **Date Completed:** _____

Practicum Site: _____

Address: _____

Phone: _____

Type: Governmental Agency _____
School, University, College _____
Licensed Health Facility _____
Non-Profit/Charitable _____

Approximate experience hours per week:

Individual _____ Group _____ Family _____ Couples _____ Children _____

Supervisor's Name: _____

Address: _____

Phone: _____ **License #** _____

I am submitting the Practicum Site proposal in order to meet the requirements for the practicum portion of Doctoral program at HIS University. I have met the minimum course work requirements and I have submitted proof of liability insurance with this application.

Student Signature _____ **Date** _____