



Integrated Studies and Professional Studies Practicum (PRST 4997) LEARNING AGREEMENT

<b>Section I: To be completed by student (please type responses )</b>			
Student Name			
Student M#		Cell #	
CRN of Course		Semester/Year	
Student Email			
Academic Classification (junior/senior required)			
Name of Practicum Site Supervisor			
Title			
Supervisor Email			
Supervisor Phone#			
Practicum Site Company/Organization			
Address			
Expected Hours to be Worked This Semester (90 HOURS required)			
<p>The student acknowledges that he/she is working under a site supervisor, deriving educational benefit from the experience, and is receiving course credit; moreover, he/she is not guaranteed employment upon conclusion of the practicum experience. The student also gives permission for the site supervisor to know their enrollment status (enrolled, dropped, withdrawn). <b>Student initials:</b> _____</p>			
Are you currently employed by this organization?	<p>If yes, THE SITE SUPERVISOR SHOULD complete the question below:</p>		

Students should complete all parts of form, obtain signature from site supervisor, and email the agreement to [Dianna.Rust@mtsu.edu](mailto:Dianna.Rust@mtsu.edu). Or fax to 615-898-5907. An email will be sent to the student once the agreement is approved and permit is entered. The student must then register for PRST 4997.

**Section II: To be completed with site supervisor**

If you are currently employed, what experiences will the student have that s/he would not have as a regular employee in your company? What additional assignments, experiences, etc? How will the employee complete the Practicum hours (90 hours for 3 hours of credit) outside of their regular hours?

**Learning Objectives (to be completed with site supervisor)**

The Practicum begins with a list of learning objectives. To the degree possible, these objectives should be specific, measurable, and realistic. They should also reflect what activities the student will do during the practicum. Objectives should relate to curriculum goals and be judged worthy and appropriate by the student's department chair. Work with your practicum site supervisor to complete the learning objectives.

**LEARNING OBJECTIVES (LIST BELOW):**

**To be completed by student:** State how this practicum experience relates to your previous academic coursework and disciplines of study. Clearly state one discipline where you have completed coursework at the 2000, 3000, or 4000 level which is related to your proposed practicum experience. Specify the course prefix, number, and title of those courses below. (attach additional page if needed)

**Approvals**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Site Supervisor at Sponsoring Organization)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Chair or Program Coordinator signature)

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