



**REQUEST FOR ENROLLMENT IN PRACTICUM
LSC 695A**

Name of Student: _____ Date: _____

Student ID#: _____

Phone: _____ Email: _____

Semester requesting enrollment: (e.g., Fall 2017) _____

Proposed
Practicum Site: _____

Supervisor: _____

Mailing Address: _____

Phone: _____ Email: _____

What do you expect to achieve from this practicum?

Area of concentration in Library/Information Science (if applicable): _____

Courses completed or in progress: _____

Anticipated date of graduation: _____

Faculty advisor: _____

Faculty advisor's signature and date: _____

DO NOT WRITE BELOW THIS LINE

Comments: