



THE CATHOLIC UNIVERSITY OF AMERICA

Department of Library and Information Science

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? (may attach practicum description, if needed)

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:

*Please submit this form to Dr. Young Choi choiy@cua.edu after
obtaining approval from your advisor. Rev'd 6/2018*