

University of Hawai'i-West O'ahu
PRACTICUM FORM

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PRACTICUM FORM
(Do Not Use This Form For Senior Practicums)

Office copy – please submit this completed form to the Student Services Office

Please submit the completed form to the Student Services Office **PRIOR** to registration. Students on the neighbor islands may either mail (96-129 Ala Ike, Pearl City HI 96782) or fax (808-453-6075) this form. Students will not be able to register for the Practicum course without submitting this completed form.

TO BE COMPLETED BY THE STUDENT

Name (first and last):	
UH ID Number:	
Phone Number:	
Major / Concentration: (e.g., Social Sciences / Psychology)	
CRN: (e.g., 65098)	
Course Alpha and Number: (e.g., WI SSCI 486P)	
Name of Practicum Site:	
Name of Instructor:	
Number of Credits:	
Semester / Year:	

 Student's Signature

 Date

TO BE COMPLETED BY THE INSTRUCTOR

The student named above has my approval to enroll in my Senior Practicum course.

Comments (list any special conditions): _____

 Instructors Name (PRINT)

 Instructor's Signature

 Date

OFFICE USE ONLY		
SFASRPO _____	Initials _____	Date _____
		Subject to Change 04/09

University of Hawai'i - West O'ahu

MEMORANDUM OF AGREEMENT FOR PRACTICUM

Faculty copy - please submit this completed form to the instructor

I, _____, of _____,
Name of Practicum Site Supervisor Name of Organization

hereby agree to serve as a the practicum site supervisor for _____
Name of practicum student

during the period) ____ / ____ / ____ to ____ / ____ / ____

I/We agree to the following:

1. Within the period specified above, provide a minimum of 120 hours of supervised training and experience per student.

2. Orient students to and familiarize them with the following functions: _____

3. Require students to achieve the following objectives: _____

4. Require students to complete the following tasks: _____

5. Communicate with the faculty regularly regarding each student's progress.

6. Inform the faculty in a timely matter if/when problem or difficulties arise.

7. Provide the faculty with two completed Practicum Supervisor's Evaluation forms for each student's performance, one at mid-point and the other at the end of the Practicum period.

8. Other: _____

Signature of Practicum Site Supervisor

Date

Name of Organization

Signature of Student

Date

Signature of Instructor

Date

University of Hawai'i - West O'ahu

PRACTICUM/INTERNSHIP ASSUMPTION OF RISK AND RELEASE

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Student Name

Name of Course/Activity

Semester / Year

I have read and fully understand the written safety procedures and precautions that are part of the requirements for my participation in the above referenced course/activity, as well as those explained to me by my instructor (s), and I agree to strictly observe them; and I do for myself, my heirs, executors, and administrators hereby accept full responsibility for and indemnify, release, and discharge the University of Hawai'i, its officers, agents, and employees from any and all claims or actions for property damage and/or personal injury which may result from my failure to abide by these safety procedures and precautions, or from any inherent risk in the course/activity.

Student Signature

Date