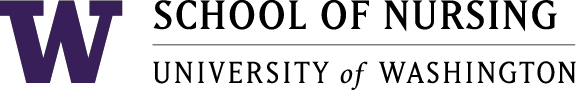
**NURS 610**



**TEACHING PRACTICUM**

|  |  |
| --- | --- |
| Student Name: | Quarter/Year: |
| Faculty Sponsor: |  |
|  | |

**SECTION I:** This section is to be completed by the student and sponsoring faculty prior to the planned quarter for teaching practicum. This is then to be submitted to the Graduate Program Director for approval at least 2 weeks prior to the start of the quarter. Must be approved by the faculty sponsor and Graduate Program Director prior to registration.

1. OBJECTIVES:
2. PLAN FOR ACHIEVING OBJECTIVES:

Approved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Sponsor’s signature Date* | |  | | *Student’s signature Date* |
|  | *Graduate Program Director Date* | |

**SECTION II:** This section is to be completed by the faculty sponsor in conjunction with the student. Student is also to submit final report with this form.

1. FACULTY COMMENTS ON ACHIEVEMENTS:

**Final Grade:**

*Sponsor’s signature Date Student’s signature Date*

Copies to: student file/sponsor’s department/student

Last modified: 5/2020

*Return this form to Academic Services (T-301) immediately after the final grade is awarded.*