

**Higher Education 591 Contract  
(Student Affairs Emphasis)**

**To be completed by the student:**

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (O) \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Proposed Practicum Semester \_\_\_\_\_ Credit hours \_\_\_\_\_

Previous practica or related work experience (position, location, year):

List coursework that can relate to the practicum experience:

List skills you have that can be utilized in the practica:

Practicum goals: