

**Department of Informatics and Networked Systems
(DINS) School of Computing and Information
University of Pittsburgh**

PRACTICUM APPLICATION

This form should be completed during the semester before the practicum begins. A one- or two-page statement outlining the student's goals and the relationship between the practicum and the student's educational coursework should be attached to this form.

Student's Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Term And Year Of Practicum _____

Faculty Advisor _____

Site _____

Site Supervisor _____ Phone _____

Prerequisite Courses _____ Date Completed _____

I agree to serve as the faculty supervisor for this practicum.

Practicum Instructor _____ Date _____