



Practicum Consideration Form

School of Computing & Information

Dept. of Informatics & Networked Systems

Student Name: _____ Email: _____ Peoplesoft #: _____

Class Year (i.e., 2nd semester, masters): _____ Anticipated Practicum Term: _____

Please plan out your degree coursework from start to finish, including the semester you intend to do practicum (must have additionally approved elective; not already interned for credit). Any changes must be approved by your advisor.

| | Fall | Spring | Summer |
|--------|------|--------|--------|
| Year 1 | | | |
| Year 2 | | | |
| Year 3 | | | |
| Year 4 | | | |

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____