



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 by semester, including the semester you intend to do practicum (must have additionally approved electives available). Any changes must be approved by your advisor.

	Fall	Spring	Summer
Year 1	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Year 2	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Year 3	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Year 4	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Year 5	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Year 6

Comments: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____