

Date received: _____

Date enrolled: _____

**STUDENT PROPOSAL FOR FYCS
PRACTICUM LEARNING EXPERIENCE
FYC 4941**

Directions: Complete all sections of this form and obtain agency signatures prior to submitting to your FYCS faculty advisor. Allow at least one week for review by your advisor. When approved, the advisor will sign and submit the proposal to the Practicum Coordinator who will then enroll students in the course. Students may enroll for two or three hours of credit for this practicum. Two credit hours will require 160 hours of agency contact and three hours requires 300 hours. **All signatures must be recorded before this practicum can begin.**

Semester Completing Practicum: Fall ___ Spring ___ Summer ___ Credit: 2hrs. ___ 3hrs. ___

Student Name: _____ UF ID _____

Address During Practicum: _____

Phone Number: _____ E-mail: _____

Major: _____ Minor or AOS: _____

Agency/Employer Name: _____

Agency/Employer Address: _____

Immediate Agency Supervisor: _____

Agency Phone Number: _____ E-mail: _____

Proposed Dates of Experience: _____ Terms of Employment: Wages ___ Volunteer ___

Description of organization/agency:

Duties of student:

Note: Assigned duties may be changed subject to approval by the faculty advisor and agency supervisor.

Learning goals and objectives (to be developed in collaboration between student, site supervisor and faculty advisor):

Student: I agree to...

- Perform my respected duties to the best of my ability.
- Adhere to organizational rules and procedures, including record-keeping requirements and confidentiality of organization and client information.
- Be open to supervision and feedback, which will facilitate learning and personal growth.
- Complete a total of (check one) 160___ or 300 ___hours of service from the time period beginning ___ (mo), ___ (day) and ending ___ (mo), ___ (day). If specific days and hours are agreed upon, they are listed as follows:
M ___ T ___ W ___ TH ___ F ___
- Meet time and duty commitments or if I cannot attend, to provide 24 hours notice so that alternative arrangements can be made.
- Inform my agency supervisor and/or faculty advisor of any concerns related to my practicum experience.
- Complete additional assignments as described in the current FYC 4941 Course Syllabus in a satisfactory manner. (Note: This is a non-graded course. Students receive an S or U.)

Note: It is the student's responsibility to confirm that the site has an approved MOU on file with FYCS. If not, the MOU form can be downloaded from the FYCS website:

<http://fycs-degreepgrams.ifas.ufl.edu/Main/practicum/MOU.pdf>

I have read the above and agree to abide by these terms and the UF Code of Conduct during the period of my practicum assignment.

Student signature: _____ **Date:** _____

Site Supervisor: I agree to...

- Provide adequate information and training for the practicum student including information about the organization’s mission, clientele and operational procedures.
- Provide adequate supervision to the practicum student and provide feedback on performance.
- Provide meaningful tasks related to skills, interests, and available time.
- Provide appreciation and recognition of the student’s contribution.
- Assure that adequate work times are available for student to complete the practicum in the agreed upon timeframe (160 hours for two credit hours or 300 hours for three credits).
- Provide liability insurance for the students in accordance with agency policy for all employees. Such protection includes, but is not limited to, coverage for student volunteers under the comprehensive general liability insurance policies of the Office of Community Service.
- Include student in Worker’s Compensation pool.
- Inform student of any potential risks involved with completing the duties assigned as part of this practicum experience.
- Sign the “Final Signature/Evaluation Form” noting completion of the required hours by the stated deadline, which is found on the form itself.

A “Memorandum of Understanding” (MOU) regarding the use of student volunteers has been submitted to the University of Florida. Check one: YES ___ NO ___

If an MOU has not been filed by your agency please download the MOU from:
<http://fycs-degreeprograms.ifas.ufl.edu/Main/practicum/MOU.pdf>

Signatures:

Direct Agency Supervisor _____ Date _____

Agency Director (if required by agency) _____

FYCS Faculty Advisor: **NOTE All non profit minors should see Dr. Bolton for approval, contact 392-1987**

I have reviewed this practicum proposal and the student is approved to begin contact hours for FYC4941 effective date _____.

FYCS Faculty Advisor Signature: _____ **Date:** _____

Address: P.O. Box 110310, University of Florida, Gainesville, FL 32611-0310

Practicum Coordinator Signature: _____