

**Practicum/Internship  
Request for Approval  
Freed–Hardeman University**

(This request must be approved before the practicum/internship is begun.)

**(Disc.) 397, 497. Practicum/Internship. 1-9 hours credit.**

A practicum or internship is a professional field experience under the supervision of an experienced professional carefully selected and approved by the University. Close contact is maintained between the field supervisor and the faculty supervisor. A minimum of 40 clock hours of field activity is required for one (1) credit hour. Grading is conventional as assigned by the faculty supervisor. The Internship /Practicum Form must be completed by the student and approved by the dean of the college in which the course is housed prior to the start date of the internship or practicum. Internships or practicums completed in the summer semester are classified and billed at the rate of \$100 per credit hour. Internships or practicums started in the fall or spring semesters are classified and billed as fall or spring courses, and the cost is included in the comprehensive charge.

Student Name: \_\_\_\_\_ Campus Box #: \_\_\_\_\_

FHU Email Address: \_\_\_\_\_@students.fhu.edu OR Other Email: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Advisor: \_\_\_\_\_

Course #: \_\_\_\_\_ Proposed Title for Practicum /Internship: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Credit Hour(s): \_\_\_\_\_

Prerequisites (course numbers): \_\_\_\_\_

Objectives: \_\_\_\_\_

Activities: \_\_\_\_\_

Evaluative Criteria: \_\_\_\_\_

Name of Field Professional: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Company Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I understand that the tuition for the above will be the same as regular classroom credit. The same rules also apply for course withdrawal and refund.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STUDENT SHOULD NOT WRITE BELOW THIS LINE**

Accepted by Field Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Pay to Faculty Supervisor: \$70 per student**

*Copies to: Student Registrar Dean Advisor Dept. Chair Field Professional Faculty Supervisor Office of Academics*