

AGREEMENT FOR ADMINISTRATIVE PRACTICUM EXPERIENCE

Student Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____

Student Work Information:

School Name _____ District _____

Address _____

City _____ State _____ Zip _____

School Phone _____

Practicum Placement Information:

School Name _____ District _____

Address _____

Site 1 Field Supervisor:

Name _____

Position _____

Phone _____ Email _____

Site 2 Field Supervisor:

Name _____

Position _____

Phone _____ Email _____

Agreement:

I hereby agree in conjunction with the Educational Leadership Program at Lewis & Clark College to provide supervised administration experience to the above referenced student within the framework of the Major Practicum Syllabus and Instructions and the Student's Proposal Summary.

Site 1 Supervisor Signature

Date

Site 2 Supervisor Signature

Date

Practicum Student Signature

Date

Campus Supervisor Signature

Date

PLEASE ATTACH RESUME TO THIS AGREEMENT