

Status of Completion Form

170:299 – The Practicum Experience

Student Name	
Practicum Organization	
Practicum Title	
Date	

Oral Presentation or Poster Presentation (circle one)

- Approved
- Approved with Revisions
- Revisions Received? Date: _____

Written Report

- Approved
- Approved with Revisions
- Revisions Received? Date: _____

Practicum Office signature	
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