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| **STUDENT’S NAME:** |  | | | | **I.D. NO:** |  | | | |
| **PRACTICUM PHASE:** | ◻ Reflective Practicum: Focused Observation ◻ Reflective Practicum In-School Immersion Part A ◻ Reflective Practicum: In-School Immersion Part B ◻ Industry-Based Practicum  ◻ MED in Special Education ◻ MSc in Counselling and Social Work  ◻ MAT Practicum ◻ EMEM  ◻Reflective Practicum Action Learning | | | | | | | | |
| **PROGRAM:** | ◻ Undergraduate ◻ Graduate | | | | | | | | |
| **DEPARTMENT;** |  | | | | | | | | |
| **SPECIALIZATION:** |  | | | | | | | | |
| **PRACTICUM SITE ASSIGNED:** | | | |  | | | | | |
| **PRACTICUM SITE REQUESTED:** | | | |  | | | | | |
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| **REASON FOR REQUEST:** | | |  | | | | | | |
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| **SIGNATURES:** |  | | | | | |  |  | |
|  | *Student* | | | | | |  | *Date* | |
|  |  | | | | | |  |  | |
|  | *Department Practicum Coordinator* | | | | | |  | *Date* | |
| **APPROVAL:** | ◻ Granted ◻ Denied | | | | | | | | |
| **REASON FOR DENIAL:** | |  | | | | | | | |
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| **SIGNATURE:** |  | | | | | |  | |  |
|  | *University College Practicum Coordinator* | | | | | |  | | *Date* |