

EPHE 245 Motor Learning Practicum
Approval Form

Student Name:

Student V00 Number:

Laboratory Section:

Proposed Practicum Placement:

Reason for Choosing This Practicum Placement:

Proposed Practicum Location:

Proposed Supervisor Name:

Proposed Supervisor Position:

Proposed Supervisor Contact Information:

 Phone:

 Email:

Student Signature:

Date:

Course Instructor Approval:

Date: