

**This section to be completed by the Practicum Coordinator Only.**

Date received: \_\_\_\_\_

Prerequisites met: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Hold(s): \_\_\_\_\_

**FYC 4941: FYCS PRACTICUM PROPOSAL  
EMERGING PROFESSIONAL EXPERIENCE**

The semester prior to enrolling in FYC4941, you will complete FYC4931—Professional Seminar with a C or better as well as all other prerequisite courses (FYCS Major, Nonprofit Minor and CFLE Certificate). Please complete all sections of this form and obtain agency signatures prior to scheduling a meeting with the Practicum Coordinator to complete this form. Once your Practicum form has been approved by both the Site Supervisor and the Practicum Coordinator, you will be enrolled in the course for the following semester. You are required to complete 240 total hours in the field for 3 credits.

**Signatures must be obtained prior to being enrolled in practicum.**

**This proposal is due during reading days the semester prior to being enrolled in FYC4941: Practicum.**

**THIS FORM MUST BE TYPED. PLEASE DOWNLOAD FIRST BEFORE TYPING.**

Check the semester you are completing your Practicum: Fall  Spring  Summer C

**Student Information:**

Student Name: \_\_\_\_\_ UF ID \_\_\_\_\_ - \_\_\_\_\_

Local Address: \_\_\_\_\_

Address During Practicum: \_\_\_\_\_

Phone Number: \_\_\_\_\_ UFL E-mail \_\_\_\_\_ @ufl.edu

Major: FYCS  Other Major: \_\_\_\_\_

Minor or AOS: Nonprofit  CFLE  Other: \_\_\_\_\_

**Agency Information:**

Agency/Employer Name: \_\_\_\_\_

Agency/Employer Address: \_\_\_\_\_

Immediate Agency Supervisor: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of Experience (MM/DD/YY – MM/DD/YY): \_\_\_\_\_

Terms of Employment: Wages  Volunteer

**Please provide a description of the organization/agency where you will complete your practicum. Please provide web site link:**

**Part 1: Why did you choose this agency to complete your practicum?**

**Part 2: What will you gain from this practicum experience and what specific skills will you learn? (Be realistic and specific).**

**Please provide a list of duties (in conjunction with your supervisor) that you will be required to complete during your Practicum. List these duties in bullet form.**

**How do these duties help you attain what is listed in Part 2?**

**Student Agreement: Please initial each line.**

- \_\_\_\_\_ I will perform my respected duties to the best of my ability.
- \_\_\_\_\_ I will respect the agency, their rules, guidelines, and protocols.
- \_\_\_\_\_ I will adhere to organizational rules and procedures, including record-keeping requirements and confidentiality of organization and client information.
- \_\_\_\_\_ I will be open to supervision and feedback, which will facilitate my learning and personal growth.
- \_\_\_\_\_ I will adhere to the mutually agreed upon schedule with your agency; if I cannot adhere to my assigned schedule I will contact my agency immediately so that alternative arrangements can be made.
- \_\_\_\_\_ I will inquire with the agency supervisor the correct protocol for being absent, tardy, and requesting any days-off.
- \_\_\_\_\_ I will inform my agency supervisor and the practicum coordinator of any concerns related to my practicum experience.
- \_\_\_\_\_ I will complete all Canvas assignments on time per the FYC 4941 Syllabus in a satisfactory manner.
- \_\_\_\_\_ I will earn a 90% or better to pass Practicum. (Note: This is a non-graded course. Students receive an S or U.)

Note: It is your responsibility to confirm that the agency has an approved MOU on file with FYCS. If not, the MOU form can be downloaded from the FYCS website. Click here to see if there is an MOU already on file with UF/FYCS: <https://tinyurl.com/kvzca83>.

I have read the above and agree to abide by these terms and the UF Code of Conduct during my practicum experience.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Supervisor: I agree to...**

- Provide adequate information and training for the practicum student including information about the organization’s mission, clientele and operational procedures.
- Provide adequate supervision to the practicum student and provide feedback on performance.
- Provide meaningful tasks related to skills, interests, and the student’s availability.
- Assure that adequate work times are available for student to complete the practicum in the agreed upon timeframe (240 hours in the allotted semester).
- Provide liability insurance for the student in accordance with agency policy for all employees. Such protection includes, but is not limited to, coverage for student volunteers under the comprehensive general liability insurance policies of the Office of Community Service.
- Include student in Worker’s Compensation pool.
- Inform student of any potential risks involved with completing the duties assigned as part of this practicum experience.
- Sign and return the “Final Signature/Evaluation Form” to the Practicum Coordinator noting completion of the required hours by the stated deadline, which will be on the form.

A “[Memorandum of Understanding](https://tinyurl.com/kvzca83)” (MOU) regarding the use of student volunteers has been submitted to the University of Florida. Check one: YES\_\_\_\_ NO \_\_\_\_\_. Please verify that an MOU is already on file by clicking on this link: <https://tinyurl.com/kvzca83>

**Agency Signatures:**

**Direct Agency Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Director (if required by agency):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FYCS Signatures:**

**Nonprofit Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CFLE Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFC Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practicum Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_