



UNIVERSITY OF COLORADO
AT BOULDER
DEPARTMENT OF INTEGRATIVE PHYSIOLOGY

IPHY 2910: PRACTICUM IN INTEGRATIVE PHYSIOLOGY

This application must be completed (3 copies) and approved by the Undergraduate Coordinator before a student may register for the course. Turn in the form to Clare 114 before the add deadline.

NAME _____ STUDENT # _____

ADDRESS _____

PHONE _____ CU EMAIL _____

MAJOR _____ DATE: _____

SEMESTER WORK IS TO BE DONE: FALL/SPRING/SUMMER

CLASS IN SCHOOL: FRESHMAN/SOPHOMORE NO. OF CREDITS: _____

STUDENT SIGNATURE _____ STUDY DUE DATE: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NOTE: 45 HOURS OF PRACTICAL EXPERIENCE IS REQUIRED PER CREDIT HOUR REQUESTED.

REASONS YOU WISH TO TAKE ELECTIVE ACTIVITY/PRACTICUM:

WHERE/HOW DO YOU INTEND TO COMPLETE THE WORK?

NAME OF CONTACT PERSON/SUPERVISOR/FACULTY: _____

HOW WILL THE COURSE COMPLIMENT YOUR STUDIES IN INTEGRATIVE PHYSIOLOGY?

DESCRIBE YOUR DUTIES, EXPERIENCE, AND EXPECTANCIES:

YOU SHOULD DISCUSS WITH YOUR FACULTY/DEPARTMENT SUPERVISOR WHAT IS REQUIRED AT THE COMPLETION OF THE EXPERIENCE, E.G. A PAPER, JOURNAL, DETAILS OF EXPERIENCES AND BENEFITS OBTAINED, ETC.

TO SUPERVISORY FACULTY INSTRUCTOR OF RECORD, PLEASE SIGN BELOW:

I APPROVE THIS ELECTIVE ACTIVITY/PRACTICUM AND WILL TAKE FULL RESPONSIBILITY FOR THIS STUDENT IN THE COURSE, INCLUDING THE ASSIGNMENT OF A GRADE UPON SATISFACTORY COMPLETION OF ALL REQUIRED WORK.

APPROVED (FACULTY MEMBER) _____ DATE _____

APPROVED (UNDERGRADUATE COORDINATOR) _____ DATE _____