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:

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WHERE/HOW DO YOU INTEND TO COMPLETE THE WORK?

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NAME OF CONTACT PERSON/SUPERVISOR/FACULTY: ______________________________

HOW WILL THE COURSE COMPLIMENT YOUR STUDIES IN INTEGRATIVE PHYSIOLOGY?

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DESCRIBE YOUR DUTIES, EXPERIENCE, AND EXPECTANCIES:

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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 ______________

UPDATED 30 AUGUST 2006