

UNDERGRADUATE PRACTICUM/INDEPENDENT STUDY CONTRACT

Four empty boxes for stamping or marking.

Office use only

- To register for PET4905c or PET4948c this completed contract must be on file with the department prior to the first day of classes.
--Registration without an approved contract will be administratively canceled.
--REGISTRATION WILL NOT BE PERMITTED WITHOUT SIGNED APPROVAL FROM AN APK FACULTY MEMBER
--Students may substitute an approved course for practicum, if they prefer (Please see Karen Ehlers, APK Academic Advisor, room 190E FLG)

Approved practicum sites are:

- 1) APK faculty member's lab
2) Living Well (in Yon Hall)
3) Oak Hammock's fitness center

Name: UFID: Date:

Major/Specialization: Faculty Supervisor:

UF E-mail: Phone:

Table with 2 columns: Course ID (PET 4948c, PET 4905c) and Description (Practicum in APK, Supervised Independent Study**)

Number of credit hours for which you are registering:

Term: Fall Spring Summer A B C (check term)

Site Supervisor Name (printed): Position Title:

Organization/Agency:

E-mail: Phone:

Site Supervisor Signature: Date:

**PET 4948C: 48 clock hours equals 1 credit hour

**PET 4905c: The title of the project or study to appear on my transcript is (Abbreviate up to 20 spaces ONLY, with spaces between words and no punctuation):

SECTION 1: INSURANCE: Students ARE required to purchase Professional Liability Insurance in the amount of at least \$250,000/\$250,000

*You can purchase the insurance at this website for approximately \$26. http://www.hpsoc.com/

SECTION 2: TO BE COMPLETED BY STUDENT:

I have read, understand, and agree to abide by the terms of this contract form. Further, I understand that the University of Florida, College of Health and Human Performance is not responsible for any liability expenses incurred during my field experience and/or practicum hours. I have been advised by the University of Florida College of Health and Human Performance to obtain Professional Liability Insurance. I understand that it is my responsibility to register for this course.

Student's Signature: Date:

SECTION 3: TO BE COMPLETED BY FACULTY SUPERVISOR:

I agree to directly supervise this student's Practicum/Independent Study hours. I take responsibility for ensuring this student's work is appropriate to his/her specialization and I will provide a grade for the student at the end of the term.

APK Faculty Supervisor's Signature: Date:

For APK Office Use Only: Received: Email sent to student:

Permission To Register: Registered - per student's request: