902 444-7213 TEL, 902 425-2987 FAX



APPLICATION FOR A DESIGN PRACTICUM PLACEMENT

		SEMESTER	: 20			
☐ FALL	☐ WINTER	☐ SUMMER 1	☐ SUM	MMER 2	☐ SUMM	IER FULL
		COURS	E			
DSGN 4033 Design Pra	cticum (3 credits) D	SGN 4036 Design Practicum (6 credits)	DSGN 4039 De:	sign Practicum (9 cre	dits)
STUDENT INF	FORMATION					
SURNAME		FIRST NAME		ID N	UMBER	
EMAIL			PHONE			
PLACEMENT	INFORMATION					
PLACEMENT						
PLACEMENT SUPERV	VISOR / TITLE					
LOCATION						
TELEPHONE		EMA	AIL			
AN OVERVIEW C	OF THE RESEARCH C	ESCRIBING INTENDE OR PROJECT, PROPOS FOR MORE INFORM	SED SCHEDU	LE AND CO		
	ected to conduct th	emselves in accordate http://nscad.ca/site	nce with NS	SCAD Univ		
NSCAD Policy on		Stu	dent (Initial)		eement Supervis	
Organization's Pol						

	I needs or circumstances for consideration):		
ALL PARTIES HAVE READ AND UNDERSTAND THE AGRED REGARDING THE INTERNSHIP/PRACTICUM/COMMUNIT COMMUNICATED TO ALL RELEVANT PARTIES.			
lacement Supervisor (Print Name)	Signature		
Chair of Design Division (Print Name)	Signature		
As a NSCAD University student, I will adhere to NSCA s required. I will adhere to the Charter of Student Right	1 0 1		
tudent (Print Name)	Signature		
	for consideration for placement.		
ll appropriate forms have been received and reviewed	for consideration for placement. Signature		
ll appropriate forms have been received and reviewed goordinator Off Campus, International and Advising Print Name)	Signature		
Il appropriate forms have been received and reviewed Coordinator Off Campus, International and Advising Print Name) Placement approved by Vice President Academic and Re	Signature		
Ill appropriate forms have been received and reviewed Coordinator Off Campus, International and Advising Print Name) Placement approved by Vice President Academic and Re	Signature esearch		
All appropriate forms have been received and reviewed Coordinator Off Campus, International and Advising Print Name) Placement approved by Vice President Academic and Restudent Officially Registered for Course	Signature esearch Date Date		
FOR OFFICE USE ONLY All appropriate forms have been received and reviewed foordinator Off Campus, International and Advising Print Name) Placement approved by Vice President Academic and Restudent Officially Registered for Course Mid term Review Conducted Final Review Conducted	Signature esearch Date		