

Petition for CSD 398 Research Practicum in CSD

Please type or write legibly. After completing the form and obtaining the faculty member's signature, please email the form to Cindy Coy ccoy@northwestern.edu

Student's Name: _____

Student's NU Email: _____

ID Number: _____

Year Entered NU: _____

Major: _____

Qtr/Year of Practicum: _____

Relevant Coursework Previously Completed:

Description of Practicum Project:

Method of Evaluation:

FACULTY: Please confirm the amount of practicum credit before signing.

Faculty Name: _____

Credits (check one): 0.5 1

Faculty Signature: _____

Date: _____

For Office Use Only

Section: _____

Permission Number: _____

Issued By: _____

on Date: _____