

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 submit the CSD Department's [Permission Number Request Form](#).

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: _____