

### **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 CSDAdmin@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:

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

Faculty Name: \_\_\_\_\_

Credits (check one): ☐ 0.5 ☐ 1

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Office Use Only

Section: \_\_\_\_\_

Permission Number: \_\_\_\_\_

Issued By: \_\_\_\_\_

on Date: \_\_\_\_\_