

## Applied Research Practicum Proposal Form

Name:

Student ID:

Date:

**Proposed Practicum Site:** Students are responsible for finding a site and supervisor for this practicum. Before submitting this form, you must have spoken to your site supervisor and reviewed this form with them. Students can reach out to the Psychedelic Studies Program Director for assistance with finding a practicum site, if needed. Also see <http://psychedelicstudies.ca/practicum.php> for a list of suggested pre-approved options.

Site Name:

Site Address:

On-Site Dates:

**Proposed Supervisor:**

Supervisor email and phone number: \_\_\_\_\_

Date you spoke to Supervisor: \_\_\_\_\_

Proposed Start and End Dates: \_\_\_\_\_

My Supervisor has reviewed this form and agreed to this plan: YES:      NO:

**Project Description and Objectives:**

**Method of Evaluation:** The method of evaluation can vary as a function of the particular practicum but may include a research paper or report, a detailed description of work completed, or of the skills acquired. However, please be as precise as possible when describing your proposed method of evaluation.

**For Administrative Use Only**

**Placement Committee Signature:**

**Name:**

**Signature:**

**Date:**