Practicum Extension (350)
Registration Authorization

(PRINT LEGIBLY!)

Student: ________________________________________________________________

Student WFU ID#: ________________________________________________________

Expansion Course Title: ____________________________________________________

Expansion Course Number-Section: __________________________________________

Expansion Course Semester: ________________________________________________ 20________

Expansion Course Professor: ________________________________________________

Practicum Semester: ________________________________________________________ 20________

Practicum Placement: ________________________________________________________

Practicum Supervising Attorney: ____________________________________________

Is registration for this Practicum Extension: _______ initial, or _____ subsequent?

(Registration for a subsequent Practicum Extension may be approved if the underlying subject areas are substantially different enough to warrant additional academic credit. This determination will be made by the Executive Associate Dean, Academic Affairs.)

To the Professor: The above named student is authorized to register for course 350 Practicum Extension under my supervision as an expansion to the course noted above. Upon successful completion, the student is eligible to earn the corresponding number of credit hours as indicated below:

_______ 1 hour Honors/Pass/Low Pass/Fail OR

_______ 2 hours Honors/Pass/Low Pass/Fail

___________________________________________
Professor’s Signature

___________________________________________
Executive Associate Dean, Academic Affairs’ Signature

To the Student: I understand that I may register for 350 Practicum Extension, and upon successful completion, earn 1 or 2 credit hours as indicated above.

___________________________________________
Student’s Signature

RETURN THIS COMPLETED FORM TO THE REGISTRAR’S OFFICE.

PRACTICUM EXTENSION AUTHORIZATION FORM-111313; rev. 032318