

## Practicum Form B

# Job Description Approval

Student Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Supervisor Name: \_\_\_\_\_

If the agency has a job description that describes your responsibilities, please attach to this form; otherwise complete your job description here:

### Approvals

\_\_\_\_\_

(Site / Agency Supervisor's Signature)

\_\_\_\_\_

(today's date)

\_\_\_\_\_

(Division Internship Coordinator's Signature)

\_\_\_\_\_

(today's date)