

INFO 698 – Practicum / Seminar  
Application Form

Complete application and submit to Quinn Lai in the SI Office: qlai@pratt.edu.

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

Email: \_\_\_\_\_ Pratt ID#: \_\_\_\_\_

Expected date of graduation:

I plan to register for LIS 698 according to the information I have provided in this application for the following semester:

\_\_\_\_ Fall

\_\_\_\_ Spring

\_\_\_\_ Summer

Year: \_\_\_\_\_

Checklist of student qualifications:

\_\_\_\_ 1. I have completed at least one semester of coursework at Pratt SI.

\_\_\_\_ 2. I have taken at least one course related to this practicum.

Please specify the course(s) taken that are relevant to this practicum:

\_\_\_\_\_

\_\_\_\_ 3. I am available and willing to work a minimum of 120 hours at the practicum site and attend fourseminar sessions at Pratt SI, and complete a project report.

Currently employed? \_\_\_\_ Yes \_\_\_\_ No If Yes, \_\_\_\_ Full-time \_\_\_\_ Part-time

Current employer, location and your position title:

Employer: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position Title: \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

\* Emailing this form from your Pratt email account acts as signature verification.

## Practicum Supervisor and Student Should Agree to the Following

1. Learning Outcomes: Please list expected student learning outcomes from undertaking this practicum (e.g., skills and knowledge the student learned in courses, as well as new skills and knowledge, that will be applied in this real-world setting).
2. Activities and tasks that the student will participate in at your institution (e.g., professional level projects or work that the student will carry out, such as reference and library instruction, cataloging, data analysis, web usability testing, building a database, etc.).
3. Deliverables: Please list products to result from this practicum and the expected dates of completion.

**For Practicum Supervisor**

Name of Organization: \_\_\_\_\_

Name of Practicum Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\* The above information can also be included in an email attached from the practicum supervisor indicating agreement to the above.

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**For Pratt SI Office Use Only:**

SI office has verified practicum:  Yes       No

Approved:

Yes

No      Reason: \_\_\_\_\_