

University of Hawai'i-West O'ahu PRACTICUM REGISTRATION FORM

Office of the Registrar, Campus Center, C-141
91-1001 Farrington Highway, Kapolei, HI 96707
Phone: (808) 689-2900
Toll-free (866) 299-8656
Fax: (808) 689-2901
Email: uhwo.records@hawaii.edu

Students interested in registering for a general practicum course must submit this completed form to the Office of the Registrar by the last day of registration for the term intended. An email notification will be sent to the student's UH email account within 3-5 business days upon receipt of the completed form with instructions to register for the course. Please be sure to register for the course by the last day to register for the term intended. **Note: This form should not be used for senior practicum courses. To register for the senior practicum class, complete and submit the Senior Practicum Registration Form.**

Name of Student (First and Last)	
UH ID Number	
Day Time Phone Number	
UH Email Address	
Semester & Year (e.g., Fall 2013)	
CRN (e.g., 65098)	
Course Alpha & Number (e.g., PSY 407B)	
Number of Credits	
Name of Instructor	

Student's Signature

Date

TO BE COMPLETED BY THE INSTRUCTOR

The student named above has my approval to enroll in my practicum class.

Comments (list any special conditions): _____

Instructor's Name (PRINT)

Instructor's Signature

Date

Office Use Only

CRN: _____ SFASRPO: _____ STAR: _____ Processed By & Date: _____

University of Hawai'i-West O'ahu
MEMORANDUM OF AGREEMENT FOR PRACTICUMS

Instructor Copy - submit this completed form to the instructor

I, _____, of _____,
Name of Practicum Site Supervisor Name of Organization

hereby agree to serve as a the practicum site supervisor for _____
Name of Practicum Student (first and last)

during the period) ____/____/____ to ____/____/____.

I/We agree to the following:

1. Within the period specified above, provide the student with a minimum of 160 hours of supervised training and experience.
2. Orient the student to and familiarize them with the following functions: _____

3. Require the student to achieve the following objectives: _____

4. Require the student to complete the following tasks: _____

5. Communicate with the instructor regularly regarding the student's progress.
6. Inform the instructor in a timely matter if/when problem or difficulties arise.
7. Provide the instructor with two completed Practicum Supervisor's Evaluation Forms for the student's performance, one at mid-point and the other at the end of the practicum period.
8. Other: _____

Signature of Practicum Site Supervisor Date

Name of Organization

Signature of Student Date

Signature of Instructor Date

University of Hawai'i-West O'ahu
PRACTICUM/INTERNSHIP ASSUMPTION OF RISK AND RELEASE

Instructor Copy - submit this completed form to the instructor

Student Name (First and Last)

Name of Course/Activity

Semester / Year

I have read and fully understand the written safety procedures and precautions that are part of the requirements for my participation in the above referenced course/activity, as well as those explained to me by my instructor (s), and I agree to strictly observe them; and I do for myself, my heirs, executors, and administrators hereby accept full responsibility for and indemnify, release, and discharge the University of Hawai'i, its officers, agents, and employees from any and all claims or actions for property damage and/or personal injury which may result from my failure to abide by these safety procedures and precautions, or from any inherent risk in the course/activity.

Student Signature

Date