

CRN_____

CRSE_____SECT_____

FOR OFFICE USE ONLY

**REQUEST FOR: Teaching Experience
BCB 597 Practicum**

DATE: _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

INSTRUCTOR: _____
(section will be opened under the supervisory instructor's name)

SEMESTER TO BE COMPLETED: _____

SPECIFIC STUDENT RESPONSIBILITIES:

BASIS OF EVALUATION OF KNOWLEDGE:

Signed: _____
Student Signature

Signed: _____
Instructor Signature

Signed: _____
Major Professor Signature

Signed: _____
BCB Director Signature

***Return completed form to Amy Kingston at bcb@uidaho.edu.**