



**School of Library and Information Science**

University of Iowa  
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**Practicum Agreement and Overview**  
**SLIS:6520 & SLIS:6521**

*Please return to Kara Logsdon at least two weeks before the beginning of the semester.*

**Student Name:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Practicum Organization:** \_\_\_\_\_

**Practicum Site Supervisor:**

*Note: Placement where the student currently is employed is only permitted if the practicum work is distinctly different and separate from paid work. Instructor must approve.*

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

**Phone:** \_\_\_\_\_

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

**Statement of Learning Objectives:** To be completed by the student. Include at least two goals related to practicum work and two goals related to personal skill development that are specific and measurable.

**Proposed Work Schedule:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Signature below indicates agreement between Site Supervisor, Practicum Advisor and Student regarding placement, supervision, learning objectives and schedule

Student:	Signature	Date
Site Supervisor:	Signature	Date
Faculty Practicum Advisor	Signature	Date