



PRACTICUM AGREEMENT FORM BETWEEN EMPLOYER AND STUDENT

To be completed by the student prior to the beginning of the fieldwork project signed by both the student and company and a copy submitted to both the CICS Practicum Teacher and Immediate Job Supervisor

Company Name: _____

Complete Address: _____

Building Floor: _____ Department/Room: _____

Phone number: _____

Immediate Job Supervisor Name: _____

Position: _____

Email add: _____ /PHONE _____

Work Period: Beginning Date _____ Ending Date _____

Type and Description of work:

Immediate Job Supervisor

Signature / Date

Noted By:

[Name of OJT Teacher]

OJT Teacher

Student

Signature over printed name /

Course, Year and Section



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