

Center for Information Media
College of Education
St. Cloud State University

Practicum Waiver Request Form

The Center for Information Media at St. Cloud State University will determine if the student listed herein has had lifelong experience which will fulfill the objectives outlined in IM 682 Practicum in Media.

Name of Student: _____

Address: _____

E-mail: _____

Phone: _____

(work)

(home)

The practicum waiver request will need to include the following:

1. Chronology of K-12 work experience which will need to include: dates, places, duties, name of supervisors, school names, and grade level
2. Checklist of competencies
3. Narrative describing how student's work experience meets the library media competencies (see attached).

(Office use only)

Recommendation(s): _____

Waiver Approved by: _____ Date: _____

_____ Date: _____

_____ Date: _____

Copy Sent to Student: Date: _____