

APPLICATION FOR DESIGN PRACTICUM

1.0 Contact details

SURNAME FIRST NAME ID NUMBER

1.1 Address while attending NSCAD University

STREET ADDRESS

CITY PROVINCE/STATE POSTAL CODE

TELEPHONE ALTERNATE TELEPHONE FAX

EMAIL

1.2 Permanent address

STREET ADDRESS

CITY PROVINCE/STATE POSTAL CODE

TELEPHONE ALTERNATE TELEPHONE FAX

2.0 Proposal

Submit a one-page type-written proposal of your practicum. Include an overview of the research you plan to undertake, documentation of any contacts you have made and an itinerary of your proposed activities.

3.0 Practicum host

SURNAME FIRST NAME

TITLE COMPANY NAME

STREET ADDRESS

CITY PROVINCE/STATE POSTAL CODE

TELEPHONE ALTERNATE TELEPHONE FAX

EMAIL

4.0 Acknowledgement of terms of practicum

STUDENT SIGNATURE DATE

DESIGN DIVISION CHAIR SIGNATURE DATE

PRACTICUM HOST SIGNATURE DATE
