

Student Name _____

Student ID # _____

Student email _____

Phone # _____

Semester: Fall _____ Spring _____ Summer _____

Year _____ Credits 1 _____ 2 _____ 3 _____ 4 _____

Practicum is intended for learning opportunities not available in a traditional classroom such as a **Learning Mentor** or **Project Assistant**. Practicum is like an internship but the supervisor is a faculty member in the Department of Communication.

A practicum as a **Learning Mentor** must focus on (i) faculty development of the Learning Mentor’s instructional knowledge and skills, and/or (ii) the Learning Mentor assisting students with learning course material. Learning Mentors may not grade student course work. And, access to student records must be limited to a *need-to-know* basis and comply with FERPA and Boise State terms in the Confidentiality Statement (see page 2).

Provide a rationale of the need for the Practicum: _____

Boise State policy mandates **15 instructional hours & 30 work-effort hours** per course credit.¹

Please indicate hours for both.

Instructional hours faculty will complete with student: 15__ 30__ 45__ 60__

Work-effort hours student will complete for faculty: 30__ 60__ 90__ 120__

Course Learning Outcomes (Please follow Bloom’s Taxonomy or a similar model)

- 1) _____
- 2) _____
- 3) _____

Instructional plan to fulfill CLOs (readings, instructional tools, hands-on learning, etc.):

- 1) _____
- 2) _____
- 3) _____

Assessment mechanisms for CLOs (Please make these specific, measurable, and verifiable):

- 1) _____
- 2) _____
- 3) _____

Registering: COMM 451 is taken for variable credits. The student must and is entirely responsible for choosing the correct number of credits during class registration.

Completing: Per Boise State policy #3060, Practicum is an arrangement between student, the supervising faculty member, and Department Practicum Coordinator. At the completion of the term, the student must submit materials to both the supervising faculty member. The supervising faculty member will submit the final evaluation to the Practicum Coordinator.

Student	Student Signature	Date
Supervising Faculty	Faculty Signature	Date

¹ <https://policy.boisestate.edu/academic-affairs-faculty-administration/policy-title-credit-hours/>

It is likely any student completing a practicum will have access to “student records.” It is thus required that ALL students enrolling in practicum MUST complete both [FERPA](#) training and sign the Student Records Confidentiality Statement. This must occur before the COMM 451 application is processed.

FERPA Training

I _____ completed Boise State University’s FERPA Training³ on _____.
Name Insert Date

Confidentiality Statement

Boise State University has strict confidentiality regulations which are consistent with the federal Family Educational Rights and Privacy Act of 1974 to protect each employee’s and student’s privacy.

The University has granted you access to confidential information and files in the course of performing your professional duties and responsibilities. As an employee of the University, you must be very careful not to release this information to the public. The word “public” may include co-workers who have not been authorized or who do not have legitimate business need to know, fellow students, or members of the general public. If you are ever in doubt as to a requestor’s right to access, or the appropriate procedures to be followed, you must request direction from your supervisor or his or her designee. You must also access records only for university-related business and not misuse your access in any way.

By signing this statement, you acknowledge that you will not share or divulge confidential information with anyone who is not authorized to access this information or otherwise violate any of the rules, regulations, policies or procedures of the University, the State Board of Education, or any local, state, or federal laws.

Infractions of this policy are considered very serious and may be grounds for disciplinary and/or academic integrity from the University.

_____	_____	_____
Student	Student Signature	Date
_____	_____	_____
Supervising Faculty	Faculty Signature	Date

Do not write below this line (for office purposes)

Permission # _____
451. _____

_____	_____	_____
Department Head	Department Head Signature	Date

³ https://docs.google.com/a/boisestate.edu/forms/d/e/1FAIpQLSeLV0nXMf2x68Q_CS4W4hIE-cA1384ijEcXI3EOrnmoulhr62g/viewform or http://youtu.be/FBZonmE_Y4k