

CRN\_\_\_\_\_

CRSE\_\_\_\_\_SECT\_\_\_\_\_

FOR OFFICE USE ONLY

**REQUEST FOR: Teaching Experience  
BCB 597 Practicum**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_  
(section will be opened under the supervisory instructor's name)

SEMESTER TO BE COMPLETED: \_\_\_\_\_

SPECIFIC STUDENT RESPONSIBILITIES:

BASIS OF EVALUATION OF KNOWLEDGE:

Signed: \_\_\_\_\_  
Student Signature

Signed: \_\_\_\_\_  
Instructor Signature

Signed: \_\_\_\_\_  
Major Professor Signature

Signed: \_\_\_\_\_  
BCB Director Signature

**\*Return completed form to Lisha Abendroth in LSS 441D OR campus lishaa@uidaho.edu**