



6. \_\_\_\_\_ I am aware that many practicum sites will have clinical placement requirements that will be at an additional cost to the student. I have reviewed this information regarding potential additional costs on the website.
7. \_\_\_\_\_ I understand that I am solely responsible for having reliable transportation to my practicum site(s) throughout the semester of my practicum.
8. \_\_\_\_\_ I have completed a Program of Study plan with my advisor.
9. \_\_\_\_\_ I understand I am expected to adhere to the following requirements for clock hours:

Fall and Spring Semester:

Your practicum will begin on the first day of class and end on the last day of class.  
 3 credit hrs.=8 clock hrs./week for 15 weeks + 1 hr./week related assignments= 135 clock hrs.

Summer Semester:

Your practicum will begin on the first day of class and end on the last day of class.  
 3 credit hrs.=15 clock hrs./week for 8 weeks + 1 hr./week related assignments= 135 clock hrs.

I have read, understood, and agreed to the above practicum policies:

---

Student's signature

Date Signed

I have verified the student's information listed above. My signature serves as approval for POD for accepted applicants.

---

Advisor's signature

Date Signed

---



---

**STUDENT AND ADVISOR SHOULD RETAIN A COPY OF THIS  
 COMPLETED FORM FOR YOUR RECORDS**

Instructions to student: After completing this checklist, printing unofficial transcript, and obtaining advisor's approval and signature, bring the **original signed checklist and unofficial transcript to the FDN Administrative Office, 280 Dawson Hall. You will be contacted via your UGA email after review by FDNS 5910 course instructor.**