



FINA 400 - PRACTICUM APPLICATION FORM

REGISTRAR'S OFFICE

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Calgary, Alberta T2N 4R3

T: 403.284.7634
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E: registrar@auarts.ca
www.auarts.ca

Fall 20 ____
 Winter 20 ____

PREREQUISITE:

Completion of a minimum of 60 credits and consent of the instructor(s) pending positive assessment of application, personal interview and academic commitment as demonstrated by academic transcript.

NOTE:

Students must submit this application form to the Registrar's Office by April 1 (for Fall semester) and December 1 (for Winter semester) with an attached unofficial AUArts transcript (downloadable from AUArts webService). Students will be notified of their approval for registration prior to the start of classes.

Please attach a copy of your resume and an unofficial transcript

PERSONAL INFORMATION (Please Print)

STUDENT'S NAME: _____ AUArts ID#: _____
PROGRAM/MAJOR: _____ PROGRAM YEAR: _____ CUMULATIVE GPA: _____
CALGARY ADDRESS: _____
POSTAL CODE: _____ EMAIL: _____
HOME TELEPHONE: _____ CELL: _____
STUDENT SIGNATURE: _____ DATE: _____

PERSONAL GOALS & SKILLS

Why are you interested in participating in the Practicum Program? _____

PERSONAL GOALS & SKILLS

What are your career goals (next 5 to 10 years)? _____

What do you want to learn from a Practicum? _____

What professional and personal skills can you bring to a Practicum? _____

How did you hear about this program? _____

Please rate your writing skills: Excellent Very Good Adequate Poor

Have you applied to this Practicum before? Yes No

PRACTICUM PLACEMENT

Do you have a preferred practicum placement already selected in the community? Yes No

It is not necessary for you to have pre-arranged a placement, but if you have, please indicate the potential Practicum supervisor(s) below:

CONTACT NAME: _____
(individual and organization)

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

WEB ADDRESS: _____

Have you already contacted this person about the Practicum? Yes No

If you do not have a placement in mind, your instructor(s) will work with you to find a suitable placement. Do you have any initial recommendations? Select three prioritized choices from the list below (use 1 as your first choice):

- _____ GALLERY commercial non-profit
- _____ PROP/SET DESIGN commercial non-profit
- _____ VIDEO PRODUCTION commercial non-profit
- _____ ANIMATION commercial non-profit
- _____ FILM commercial non-profit
- _____ TEXTILE INDUSTRY/DESIGN design production
- _____ PRODUCTION STUDIO ASSISTANT (DESCRIBE MEDIA: _____)
- _____ ART EDUCATION K-5 6-9 10-12 post secondary
- _____ ART THERAPY seniors others
- _____ PUBLISHING
- _____ GRAPHIC DESIGN
- _____ CRITICAL WRITING
- _____ OTHER: _____

Please provide the names of two AUArts instructors who we can contact for a reference.

- 1) _____
- 2) _____

APPROVAL (to be completed by instructor)

NOT APPROVED APPROVED - PLACEMENT: _____

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Term: _____ Registration Status: _____ Date: _____ Initials: _____