

HIGH POINT UNIVERSITY

Norcross Graduate School

BUA-5080: Business Practicum Request Form

(This is a TYPE and TAB form: after completing a field, please hit TAB to advance to the next field.)

Student ID #: _____ Term: _____ Year: _____

Full Name: _____

Telephone #: _____

Email: _____

Prefix	Course #	Instructor	Credit Hours
BUA	5080		3

BUA 5080: Business Practicum is a Pass/Fail course. To pass this course, a grade of 80 or above must be earned.

Student Signature

Date

Instructor

Date

Program Director

Date

Graduate School Processed

Date

1. Title of Project/Practicum: _____

2. Organization (applicable for organization-based practicum)

Name of Organization: _____

Address of Organization: _____

City, State, Zip: _____

Telephone Number of Organization: _____

Main Contact Person

Name: _____

Job Title: _____

E-mail: _____

Telephone Number: _____

3. Business people who will be engaged and/or description of interaction with business community during this practicum (for project-based practicum)

4. Graded deliverable(s), with a summary of each deliverable (A percentage of the total grade should be provided for each deliverable with the total equaling 100%.) Please number these.

5. Learning Objectives (Please number these.)

Outcome	Assessment Method
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Tentative Schedule of Deliverables and/or Other Important Deadlines
