

REGISTRAR'S OFFICE  
1407 - 14<sup>TH</sup> AVENUE NW, CALGARY, AB, T2N 4R3  
T : 403.284.6734 F: 403.284.7644 WWW.ACAD.CA



# FINA 400 - PRACTICUM APPLICATION FORM

- 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 ACAD transcript (downloadable from ACAD 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: \_\_\_\_\_ ACAD 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)? \_\_\_\_\_

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What do you want to learn from a Practicum? \_\_\_\_\_

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

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How did you hear about this program? \_\_\_\_\_

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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 ACAD 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: \_\_\_\_\_