MINNESOTA STATE UNIVERSITY MOORHEAD
Health and Physical Education Department

PE 461 - COACHING PRACTICUM

APPROVAL FORM

NAME: ___________________________________________ Dragon I.D. # __________
(last) (first) (maiden)

This form MUST be properly completed and returned to Randy Smith a minimum of 2 weeks prior to the starting date of the coaching practicum. Only then may the approval be finalized. THE COURSE SYLLABUS AND PRACTICUM GUIDELINES MUST ACCOMPANY THIS FORM AND BE GIVEN TO THE SUPERVISOR.

Name of School: ____________________________________ School Phone: ________________
Address: __________________________________________
City: ______________________________________________

Sport: ______________________ Boys ________ Girls ________ Coed ________

Level: Junior High ________ High School __________ Other _________

Date practicum begins: ________________ Date practicum ends: ________________
Practice times: _______________________ # of contests/games: ________________

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As the student’s practicum supervisor:

1. I have received, accept and will adhere to the objectives as addressed in the course syllabus and practicum guidelines. Supervisor’s Signature: ______________________

   Name Printed: ______________________________________

2. I acknowledge the student may not possess liability insurance. Position: ______________________________________

   Phone Number: ______________________________________

3. I will complete the student’s evaluation form at the conclusion of their experience and return.

RETURN TO: RANDY SMITH
HPE Department
Minnesota State University Moorhead
Moorhead, MN 56563

Date Approval Received: ________________ Instructor’s Approval: ______________________

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