

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: _____

As the students practicum supervisor:

1. I have received, accept and will adhere to the objectives as addressed in the course syllabus and practicum guidelines.
2. I acknowledge the student may not possess liability insurance.
3. I will complete the student's evaluation form at the conclusion of their experience and return.
4. I will allow MSUM instructors the opportunity to attend and observe the student during their practice sessions.

Supervisor's Signature: _____

Name Printed: _____

Position: _____

Phone Number: _____

RETURN TO:

RANDY SMITH
HPE Department
Minnesota State University Moorhead
Moorhead, MN 56563

Date Approval Received: _____ Instructor's Approval: _____