



uOttawa

Faculté des sciences sociales

Faculty of Social Sciences

École de service social School of Social Work

FORM

PRACTICUM PROPOSAL

Student name: _____

Check if the student holds a bachelor's or master's degree in social work

Provisional title of thesis

Location of practicum

Organization:

Name and title of contact person:

Practicum project (title and brief description)

Signatures

Student

Date

Thesis supervisor

Date

Thesis co-supervisor (if applicable)

Date

Contact person at the practicum location

Date

Supervisor of graduate studies

Date