

UNIVERSITY OF THE WEST INDIES GLOBAL CAMPUS

BACHELOR OF EDUCATION, DIPLOMA & CERTIFICATE IN EARLY CHILDHOOD DEVELOPMENT & FAMILY STUDIES

PRACTICUM (2-4) FORM

Student Name: _____

Student ID#: _____ UWIGC Site: _____

Address: _____

Tel#: _____ Email: _____

PRACTICUM COURSE	PRACTICUM DATES	PRACTICUM SITE (For students who were exempted from practicum 1 & 2, indicate if you need to be placed at a practicum site)

NOTE: Year 1 students' must have at least **20 credits at level 1** to move onto practicum 2

Year 2 students' must have at least **20 credits at level 2** to move onto practicum 3

Practicum Documents Submitted

Health Assessment Form (Yes/No)	A valid Police Certificate of Good Character (The dates on your PCGC must cover your chosen practicum dates)	In Case of Emergency Form (Only if you need to update your contact info.)	Permission Letter from Principal/Administrator (For students who did not complete practicum 1 & 2 and are employed at an ECCE centre)

NOTE: Remember to submit the documents listed above (health assessment form, police certificate of good character & in case of emergency form) with this practicum form. Incomplete forms **will not be accepted.**

I _____ declare that I have read the practicum handbook and I am aware of the procedures I need to follow to successfully complete the practicum courses.

Student Signature: _____ **Date:** _____