

REQUEST FOR INDIVIDUALIZED STUDY / PRACTICUM

Date: _____ E-Mail: _____

Student Name: _____

UO ID: – –

Term of Participation: Fall ___ Winter ___ Spring ___ Summer ___

HPHY 401 (Research) ___ HPHY 404 (Internship) ___ HPHY 405 (Reading) ___

HPHY 406 (Spcl Problems) ___ HPHY 409 (Prac) ___ Pre PT Prac ___ Pre OT Prac ___

Credit Amount ___ (3 hrs/wk = 1 credit hour)

You must register on DuckWeb for this course!

If taking more than 1 credit, you must add the additional credits.

Site: _____

Address: _____

Site Supervisor: _____ Telephone: _____

Supervisor Email: _____

DESCRIPTION OF DUTIES:

Faculty Supervisor Signature: _____

Date:

Approved:

Denied: