

GMU THEATER DEPARTMENT
PRACTICUM COMPLETION FORM

This form must be completed to receive credit for your practicum assignment

Return this form the Theater Department Office Practicum Mail Box before the last day of classes

NAME: _____

CLASS: (circle one) **THR 196 THR 197 THR 198 THR 199 THR 200**

ASSIGNMENT: (include production title, shop, job title or job, and/or any other relevant information)

SEMESTER: (registered) _____ **SEMESTER:** (completed) _____

YOUR SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

(Your supervisor *must* be faculty or staff. This may include: Advisor, director, shop supervisor, or other appropriate faculty/classified staff. This may *not* include any student supervisor. Please note, your supervisor's signature does not constitute a grade but is used for verification purposes.)

1) Describe the work you performed:

2) What did you learn/observe from the experience?

3) Other comments (you may use the back of this form):