

H543 Practicum in Public History

For both your records and our records, please complete the following form for each H543 Graduate readings course you wish to take. Please note, you must have this contract completed before you will be granted on-line authorization to take the course.

Name _____ Student ID# _____

Semester _____ Section # _____ Number of Credits _____

Instructor _____

Please describe below the work to be completed. Include goals of course, number of readings, titles of readings (if possible) and the date work is to be completed.

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____