

**GOVERNORS STATE UNIVERSITY  
DEPARTMENT OF COMMUNICATION DISORDERS**

**Practicum Project Proposal**

**(Type or neatly print)**

**Student's Name:** \_\_\_\_\_

**Term/Year Completing Project:** \_\_\_\_\_

**Associated Practicum Course:  
(Check one)**

\_\_\_\_\_ **CDIS 8810 Practicum in Speech-Language Pathology: Special Populations**

\_\_\_\_\_ **CDIS 8820 Practicum in Speech-Language Pathology: School Setting**

\_\_\_\_\_ **CDIS 8830 Practicum in Speech-Language Pathology: Medical Setting**

**Practicum Site:** \_\_\_\_\_

**Name of GSU Practicum Supervisor:** \_\_\_\_\_

**Name of Practicum Site Clinical Supervisor:** \_\_\_\_\_

**Title of Practicum Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attach a typewritten description of the practicum project proposal to this cover sheet.**

Copies:     Student  
              Student's Program File  
              GSU Practicum Supervisor  
              Practicum Site Clinical Supervisor