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 ________