

University at Buffalo
State University of New York
DEPARTMENT OF ANTHROPOLOGY
Office of Undergraduate Studies
380 Academic Center – Ellicott Complex
Buffalo, NY 14261-0026

RECORD OF PRACTICUM

It is imperative that the Record of Practicum form be submitted to the departmental Undergraduate Office as soon as you have completed your Practicum. You should keep a copy for yourself and give one to the faculty member who has supervised your Practicum.

STUDENT NAME _____ **Person No.** _____

Address _____
Street Town/City State Zip code

Anticipated date of graduation ____/____

Course(s) taken to satisfy Practicum Requirement:

_____	_____	_____	/	_____	_____	_____	/	_____
Department	Course No.	Semester		Year	Department	Course No.	Semester	Year

NAME OF SUPERVISING FACULTY MEMBER _____

Description of Practicum Project

Below, please give a description of the Practicum project. Include a statement of the purpose or objectives of your project, if based on participant-observation, or a statement of the problem under investigation, if collecting empirical data. Describe the methods used, including library/archival or laboratory/field work, and include your findings or conclusions. Attach an additional sheet, if necessary.

Student signature _____ **Date** _____

Faculty member's name (Printed) _____

Faculty member's signature _____ **Date** _____

(Administrative) Form Received: _____ Milestone noted in HUB: _____