320 Newbury Street Boston, MA 02115 617.585.0145 practice@the-bac.edu

## INDEPENDENT PRACTICE APPLICATION - PRACTICE HOURS

To petition for Practice Hours for an Independent Practice project, please complete and submit this form **PRIOR** to engaging in your project. Upon receipt of this form, we will contact you to schedule an appointment with the Director of Practice Instruction and Student Services to discuss the project in more detail. **Students who do not seek prior approval jeopardize their chances of receiving Practice Hours for their project.** Students must make a follow-up appointment with a Practice Department member **PRIOR** to reporting Practice Hours. Please return this form to Practice, 5th Floor, Suite 505, 320 Newbury Street, or to practice@the-bac.edu. Call (617) 585-0145 with any questions.

STUDENT INFO	RMATION					
STUDENT NAME						
		STUDENT	EMAIL			
STUDENT ID NUMBE	≣R					
		STUDENT	PROGRAM			
INDEPENDENT P	RACTICE INFORMATIO	N				
	scription of the proposed Independ ning goals that are relevant to your					
What evidence will you present to show that the learning objectives have been met?						
Proposed Start Date				Proposed End Date		
All Independent Practice	positions must be supervised by a d	esign professional or ir	ndividual affilia	ted with the BAC. Do you		
	or who has agreed to oversee your supervisor during your appointment		If yes, please i	nclude information below. If no,		
	, .,					
SUPERVISOR	SUPERVISOR NAME	TI	TLE / BUSINES	55		
	CONTACT BUICKIE		IDED\//COD_=:	44.11		
	CONTACT PHONE	SU	JPERVISOR EN	1AIL		

FOR OFFICE USE ONLY		
Report Approved	Approval Date	SIGNATURE OF APPROVAL
COMMENTS		
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Report Approved  COMMENTS	Final Approval Date	SIGNATURE OF APPROVAL