

# PRACTICUM PROPOSAL CONFIRMATION

**\*\* REQUIRED FOR ACCEPTANCE TO PQP PART 2 \*\***

(For Candidates who completed PQP Part 1 at an institution other than York)

4700 Keele Street, 023 Winters College, Toronto ON M3J 1P3  
Tel: 416-736-5003 Fax: 416-736-5023



NAME OF CANDIDATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OCT REG. #: \_\_\_\_\_

NAME OF INSTITUTION WHERE PQP-1 COMPLETED: \_\_\_\_\_

DATE COMPLETED (month/year): \_\_\_\_\_

TOPIC OF PRACTICUM (Please include a two or three sentence description of your project):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a copy of your practicum proposal with the signatures of your mentor and instructor. If you do not have the signed practicum proposal, please complete the following:*

NAME, POSITION AND LOCATION OF PRACTICUM MENTOR: (Please print)

(First Name)

(Last Name)

(Position)

(Name of School)

(City)

(Province)

PRACTICUM MENTOR'S SIGNATURE: \_\_\_\_\_

NAME OF PQP INSTRUCTOR: \_\_\_\_\_

(Please print – First Name/Last Name)

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

(Sign-off of Practicum)

INSTRUCTOR'S TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

MM DD YY