

INTERNATIONAL PRACTICUM INFORMATION FORM

Name of Student _____

Address _____

Phone _____ Email _____

Name of Placement Agency/Organization _____

Address _____

City _____ Country _____

Website _____

Name of Supervisor _____

Designation _____

Address _____

Phone _____ Email _____

A description of the Placement Agency

A description of the student's practicum-related roles, responsibilities and tasks

A description of learning outcomes and expectations from this international experience

Start Date: _____ End Date: _____ Division of 150-Hours: _____ Per Week

If you have any questions or concerns, please contact Farishta Dinshaw, Practicum Coordinator at f2dinsha@torontomu.ca or MA program in Immigration and Settlement Studies, Yeates School of Graduate Studies, Toronto Metropolitan University, 350 Victoria Street, Toronto, Ontario M5B 2K3 iss@torontomu.ca.