

**Practice Experience Proposal
Signature Page**

Students' Academic Advisor must sign this form acknowledging they discussed these competencies with the student and the student has the knowledge and skills to demonstrate the work proposed.

Student's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____

Student Advisor's Signature: _____ Date: _____

Course Director's Signature: : _____ Date: _____