



University of Wisconsin
Whitewater

MASTER OF SCIENCE IN EDUCATION - PROFESSIONAL STUDIES
ATHLETIC ADMINISTRATION

**MEMORANDUM OF UNDERSTANDING
HIGHER EDUCATION LEADERSHIP PRACTICUM EXPERIENCE**

_____ (student) and Dr. Luedke (faculty member), agree to the following practicum experience at UW-Whitewater:

Semester of Intended Completion: _____

Terms of Agreement:

1. Dr. Luedke will serve as the faculty practicum supervisor and maintain consistent contact with the student over the course of the experience.
2. The practicum experience requires a minimum of 150 hours of practical experience in a higher education leadership or athletics administration area. For students completing their practicum experience at their current place of employment, the practicum hours should be separate from their normal hours and the duties shall be different from their normal assigned duties and tasks.
3. The student shall enroll in 3 credits of HELEAD 793.
4. The student and site/field supervisor shall outline a complete job description of project/projects for the practicum experience in the attached page 2.
5. The student shall maintain a reflective log that accounts for a minimum of 150 hours (3 credits) of the Practicum experience. Every two weeks you will be required to submit a

log of hours and responsibilities as contained in this memorandum. These will be combined and turned into the practicum supervisor at the conclusion of the experience via Canvas. The reflective log will be shared ONLY with the UWW faculty practicum supervisor. Specific prompts guide the reflective section of the document.

6. This Memorandum of Understanding terms shall be signed by the practicum student, site/field supervisor, and faculty practicum supervisor **before** the student begins working. Weekly schedule will be determined between student and site supervisor.
7. This Memorandum of Understanding shall be signed again by all parties, (i.e., student, site supervisor, UWW Practicum faculty coordinator), when all requirements have been satisfactorily completed.

Initial Agreement Date: _____

Practicum Intern

Mentor/Site Supervisor

UWW Practicum Faculty Coordinator

We certify that the above field practicum has been satisfactorily completed.

Date: _____

Practicum Intern

Mentor/Site Supervisor

UWW Practicum Faculty Coordinator

Practicum Information

1. Institution/School/Organization:
2. Office/Unit of Practicum Experience:
3. Site Supervisor name and contact information:
4. Name:
5. Email:
6. Phone:
7. Student Title:
8. Description of Duties and Responsibilities:
9. Desired Learning Outcomes (in addition to the course learning outcomes):