



University at Buffalo

Exercise Science

School of Public Health and Health Professions

Student-Instructor Contract

Practicum Course: ES 496

- Contract between Student and Director of Clinical Education
- To be completed and signed by the Student; then submitted to Dr. Begalle via email (rbegalle@buffalo.edu)

Student's Name: _____ Person Number: _____

Semester/Year: _____ UB E-mail: _____

Dept. Course Number: ES 496 Section: N/A

Course Instructor: Dr. Rebecca Begalle

Number or Credits (1-3): _____ (*Required Practicum is always 3-credits)

*Note: Each credit taken requires 45 hours of clinical experience per semester

Description of Practicum: Describe the type of practicum experience you are seeking.

Have you reviewed the ES 496 Syllabus? Yes No

Have you completed all ENS Requirements? Yes No

Have you searched the affiliated clinical sites for a placement? Yes No

Have you been accepted to a clinical site for your practicum? Yes No

Please list the top 3 sites you are considering OR if you have already secured your practicum, please list the site name and supervisor name.

Student Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

3/28/2023