

# PRACTICUM PROPOSAL

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**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What problem do you see in the world? \_\_\_\_\_

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What are two possible research questions to direct your Research Paper?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

List three tentative ideas for Service Projects that would redemptively respond to your problem:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Statement of Understanding of Plagiarism:**

I understand that plagiarism is the act of copying someone else's work and passing it off as my own. I will not plagiarize any element of my Senior Practicum. I will appropriately cite all sources. I understand that failure to comply with Annapolis Area Christian School's plagiarism policy will result in failure of the Senior Practicum and other consequences.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Public Relations Release:**

I give permission for photographs of my son/daughter/ward to be used in the media, including newsletters, newspapers, magazines, future handbooks, and the AACCS website. His/her name also may be used. Any or all parts of the Senior Practicum may be used for either teaching or public relations purposes.

**Parent Initials:** Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Off-campus Travel Consent:**

I give permission for my son/daughter/ward to leave Annapolis Area Christian School campus during the school day for the purpose of working on his/her Senior Practicum. This may involve doing research, working with an advisor, or any other activity that is directly related to the completion of the Senior Practicum. I understand that the student will:

- 1) Only leave campus after making arrangements with, and getting a pass from, his or her Senior Practicum mentor
- 2) Not miss any classes without written permission from the teacher of the class

**Parent Initials:** Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Senior Practicum Parent/Guardian Agreement:**

I am aware that the Senior Practicum is a graded graduation requirement at Annapolis Area Christian School. I have surveyed the Senior Practicum Website, and I agree to support the school's effort to help my child meet all obligations and deadlines. I understand that failure to meet all obligations and deadlines will result in consequences, which may include loss of school privileges, attendance at Saturday work sessions, inability to participate in commencement exercises, and failure to receive a diploma. I understand that any costs associated with the Senior Practicum are the responsibility of the student.

**Parent Initials:** Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Parent Guardian Information and Signature:**

Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information and Signature:**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_