

School of Library and Information Studies
University of Wisconsin-Madison

PRACTICUM COMPLETION FORM

Student name _____ Date _____

Practicum option selected:

- A. SLIS Lab Library _____
- B. LIS course (specify course #) _____
- C. LIS 620 _____ or C&I 620 _____
- D. LIS 999 _____

Semester completed _____

Faculty supervisor signature _____

Adviser signature _____