SCIENCE 3EP3/3EX6 APPLIED SCIENCE PLACEMENT COURSE APPLICATION

Deadlines:
- Fall, Term 1: August 5th
- Winter, Term 2: December 6th
- Fall/Winter, Term 3: August 5th
- Spring, Term 1 or 3: April 5th
- Summer, Term 2: May 24th

Submit your complete application to the Science Career and Co-operative Education Office in BSB-127.

I wish to be considered for permission to enroll in:

- [ ] SCIENCE 3EP3
- [ ] SCIENCE 3EX6
- [ ] Fall/Winter Term 2
- [ ] Term 3
- [ ] Spring/Summer Term 2
- [ ] Term 3

STEP 1. Student completes this section.
I concur with and accept the academic and work assignments indicated in the associated learning contract. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and to adhere to the relevant organizational policies and procedures including those related to health and safety and the appropriate standards of ethical conduct. Further, I understand that I will seek workplace safety training prior to the placement commencing.

Student Name: ___________________________  Student No. ___________________________
Current Program: ___________________________  Email Address: ___________________________

STEP 2. Applied Science Placement Guidelines
Students wishing to complete an Applied Science Placement must seek the support of two supervisors:
  a) A placement supervisor to oversee the work conducted during a community, volunteer or professional experience and to verify the completion of a minimum of 60 (3EP3) or 120 (3EX6) hours of experience.
  b) An academic supervisor to evaluate the relevance of the placement to the student’s academic program and the knowledge/experience gained by the student. Supervisors must be a Faculty member or Associate member of the Faculty of Science at McMaster University.

STEP 2A. Placement Supervisor completes this section.
I have discussed this placement with the student and have negotiated and assigned the work component which appears in this learning contract.

Supervisor Name: ___________________________  Signature: ___________________________
Organization: ___________________________  Department: ___________________________
Mailing address: ___________________________
Telephone: ___________________________  Ext: _______  Email: ___________________________
Student will be working in Room: ___________________________

Are you planning an extended absence during the student’s time under your supervision? Yes[ ] No [ ]
If yes, please detail on the reverse how the student will be supervised in your absence. Details will be reviewed by the Course Coordinator for approval.
**Complete Learning Contract**

**STEP 2B. Academic Component (jointly determined by the Student and Academic Supervisor)**

Identify one or more learning objectives in each of the following categories, with methods of evaluation, and target completion date for each objective.

a. **Academic Learning & Application**: related to the ideas, concepts or theories of your field of study.

b. **Skill development**: oral and written communication, problem-solving, decision-making, teamwork, skills specific to the occupation.

c. **Personal development**: career exploration, self-confidence, sensitivity, appreciation of diversity, clarification of values.

You can use this table to organize the learning objectives associated with your placement.

<table>
<thead>
<tr>
<th>Learning Objective (what I want to learn)</th>
<th>Task &amp; Strategies (how I’m going to learn it)</th>
<th>Evidence of Accomplishment (how I’m going to show I learned it)</th>
<th>Methods of Evaluation (How I will be evaluated)</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Learning and Application</strong></td>
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<tr>
<td><strong>Skill Development</strong></td>
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<tr>
<td><strong>Personal Development</strong></td>
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</table>
Work Component/Job Description (determined by the Student and Placement Supervisor)
Describe/list your job responsibilities and learning opportunities. Be as specific as possible when listing duties. Projects, meetings, training, informational interviews with professionals, etc.

Evaluation (jointly determined by the Student and Academic Supervisor)
Describe in detail how learning will be evaluated (i.e. monthly logs, mid-term & final site evaluations, research paper, portfolio, webpage or class/public presentation). Please include the weighting (ie: %) of each component being evaluated.

Reflection (completed by the Student at the conclusion of the placement).
Write a 500 word reflection about your placement experience based on your learning objectives. The Reflection should be submitted to your Academic Supervisor for review and evaluation.

STEP 2C. Academic Supervisor completes this section.
I have discussed and negotiated with the student the academic component and evaluation as indicated in the learning contract. I concur with the stipulations of this agreement. I further agree to be available to meet with the student to discuss the placement experience and academic component associated with it.

Supervisor Name: _________________________________ Signature: ____________________________
Department: ______________________________________ Office Address: ______________________________
Telephone: ___________________________ Ext: ______ McMaster Email: ______________________________

Are you planning an extended absence during the student's time under your supervision? Yes ☐ No ☐
If yes, please detail on the reverse how the student will be supervised in your absence. Details will be reviewed by the Course Coordinator for approval.

STEP 3. Return this form to the Science Career and Co-operative Education Office (BSB-127) before the published due date. Make sure to include your completed learning contract.

FOR SCCE OFFICE USE ONLY:
☐ Registered in/Completed Science 2C00 Date ____________________________
☐ Confirmation of Placement Supervisor Date ____________________________
☐ Confirmation of Academic Supervisor Date ____________________________
☐ Work/Education Placement Agreement Form Date ____________________________

Course Coordinator Signature ____________________________ Date ____________________________