



***Governors State***

**U N I V E R S I T Y**

***BIG IDEAS LIVE HERE<sup>SM</sup>***

**GOVERNORS STATE UNIVERSITY  
DEPARTMENT OF COMMUNICATION DISORDERS  
Affidavit**

I, \_\_\_\_\_ (print name) do hereby affirm that I have read and understood the Practicum Manual for Students and Site Supervisors. I further agree to abide by the policies and procedures in the Manual.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Return this form to:  
Director of Clinical Education  
Governors State University  
Department of Communication Disorders  
1 University Parkway  
University Park, IL 60484-0975**