I. TO BE COMPLETED BY STUDENT. Please be sure that you complete this form prior to signing up for EMGT 693.

M Number Last Name First Name MI

E-mail Address: ____________________________________________________________

Anticipated Degree Completion Date: _______ Number of credits completed: _____

Semester for course enrollment: ☐ Fall ☐ Spring ☐ Summer Year: ____________

Select the appropriate box and fill in the blanks below: (consult Practicum guide)
☐ Expanded Role in Emergency Management (Option I)
☐ Volunteer work: Internship/Coop (Option II)
☐ Emergency Management-related project or research paper (Option III)

Topic/Internship, provide a brief description of the proposed paper, internship or project:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If internship or project, name of business or organization and Supervisor’s Name:
____________________________________________________________________

Supervisor’s Contact Information: ___________________________________________

II. TO BE COMPLETED BY STUDENT'S CURRENT ADVISOR (REQUIRED)

Signature __________________________ Date __________________________

III. TO BE COMPLETED BY PROGRAM COORDINATOR (REQUIRED)

Signature __________________________ Date __________________________

Return the completed form to: Randi.Howard@millersville.edu OR the CDRE Office (Luzerne Building), by

- February 15th for Summer EMGT 693
- March 15th for Fall EMGT 693
- November 15th for Spring EMGT 693