I. TO BE COMPLETED BY STUDENT. M Number Last Name First Name MI E-mail Address: Anticipated Degree Completion Date: Number of credits completed: Select the appropriate box and fill in the blanks below: (consult Practicum guide) ☐ Option I ☐ Option II ☐ Option IV 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 TO BE COMPLETED BY PROGRAM COORDINATOR (REQUIRED) III. Signature Date Return the completed form to: Randi.Howard@millersville.edu OR the CDRE Office (Lancaster

House)