I. TO BE COMPLETED BY STUDENT.

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)

□ Option I  □ Option II □ Option III  □ 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

III. TO BE COMPLETED BY PROGRAM COORDINATOR (REQUIRED)

______________________________________  _______________________
Signature                                         Date

Return the completed form to: Randi.Howard@millersville.edu OR the CDRE Office (Lancaster House)