

EMGT 693
Field Experience Practicum Proposal Form

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
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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 (Lancaster House), by

- February 15th for Summer EMGT 693

- *March 15th for Fall EMGT 693*
- *November 15th for Spring EMGT 693*