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

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