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)