

**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)

Ex

*March 15<sup>th</sup> for Fall EMGT 693*

*November 15<sup>th</sup> for Spring EMGT 693*