PRACTICE APPROVAL

Global Poverty and Practice Minor Practice Approval



Student Name:	SID:
About Organization/Project	
Name:	
Address:	
Project Location:	
Cantast Danasa.	
Phone: E-Mail:	
Anticipated Start Date (mm/dd/yy)	
Total number of hours:	Program Fee (If any):
(If 6+ months, must be at least 160 hours If less than 6 months, must be at least 240 hours	
What poverty action sector(s) does your organization	n/project address? (Check all that apply)
 □ Agriculture □ Collective Mobilization/Advocacy □ Education □ Energy □ Environment/Sustainability □ Fair Trade/Market Access □ Food Security □ Gender Empowerment H Health Care 	 ☐ Housing ☐ Human Rights/Law ☐ Immigration ☐ Information Technology ☐ Microfinance/Small Enterprise ☐ Refugee/Displaced Persons ☐ Water/Sanitation ☐ Other:
What kind of institution is this organization/project?	
 □ Collective Action Group □ For-Profit/Corporate □ Government □ NGO/Non-Profit 	☐ Social Enterprise☐ University Based☐ Other:
Describe the organization and the specific activities for your practice experience:	s, duties, and tasks you expect to engage in

On a scale of 1 to 7, how sure/detailed is your understanding of your role in the organization?

I do not know my role

1

2

3

4

5

7

I know exactly what I will be doing



PRACTICE APPROVAL

Global Poverty and Practice Minor Practice Approval



What do you hope to learn more about regarding poverty/inequality through this experience?
Share any further comments, concerns or unanswered questions you may have:
For Office Use Only

