

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

**About Organization/Project**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Project Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Anticipated Start Date (mm/dd/yy): \_\_\_\_\_ Anticipated End Date (mm/dd/yy): \_\_\_\_\_

Total number of hours: \_\_\_\_\_ (must be 200+) Program Fee (If any) \_\_\_\_\_

**What development sector(s) does your organization/project address? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture                      | <input type="checkbox"/> Housing                       |
| <input type="checkbox"/> Collective Mobilization/Advocacy | <input type="checkbox"/> Human Rights/Law              |
| <input type="checkbox"/> Education                        | <input type="checkbox"/> Immigration                   |
| <input type="checkbox"/> Energy                           | <input type="checkbox"/> Information Technology        |
| <input type="checkbox"/> Environment/Sustainability       | <input type="checkbox"/> Microfinance/Small Enterprise |
| <input type="checkbox"/> Fair Trade/Market Access         | <input type="checkbox"/> Refugee/Displaced Persons     |
| <input type="checkbox"/> Food Security                    | <input type="checkbox"/> Water/Sanitation              |
| <input type="checkbox"/> Gender Empowerment               | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Health Care                      |  |

**What kind of institution is this organization/project?**

- |  |  |
|--|--|
| <input type="checkbox"/> Collective Action Group | <input type="checkbox"/> Social Enterprise |
| <input type="checkbox"/> For-Profit/Corporate    | <input type="checkbox"/> University Based  |
| <input type="checkbox"/> Government              | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> NGO/Non-Profit          |  |

**Describe the organization and the specific activities, duties, and tasks you expect to engage in for your practice experience:**

**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      6      7      I know exactly what I will be doing

**On the back, please share any further comments, concerns or unanswered questions you may have.**