

**Global Poverty and Practice Minor  
Practice Agreement**

Student Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issuing Country: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Emergency Contact Information**

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**Organization/Project General Information**

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

Direct Site Supervisor: \_\_\_\_\_

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

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

Practice Location (City and Country): \_\_\_\_\_

**Commitment**

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Monday: \_\_\_\_\_ Thursday \_\_\_\_\_ Sunday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_ Flexible \_\_\_\_\_

Wednesday \_\_\_\_\_ Saturday \_\_\_\_\_ Hours per week: \_\_\_\_\_

Total number of hours: \_\_\_\_\_ (Must be 200+)

**Provide a brief description of the organization/project:****Detail your correspondence with the organization/project and what they have specified regarding your role and responsibilities during your practice.****Organization financial support (if any) e.g. stipend, accommodation, travel costs:**

**Direct Site Supervisors, please complete:**

I understand and agree to regularly communicate with and directly supervise the student to the best of my ability, to help ensure that s/he has as coherent an experience as possible with my organization. I will provide health and safety information to the student upon her/his arrival (if available) and will serve as a resource should an emergency or crisis occur.

Further comments:

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Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student, please complete:**

I understand the tasks and role allotted to me, and agree to complete the practice experience to the best of my ability, barring extenuating circumstances. I give the site or the University permission to release information to my emergency contact when appropriate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_