



**Undergrad INTERNSHIP/FIELDWORK/ PRACTICUM PROPOSAL**

(Not for structured/scheduled courses such as student teaching or clinicals)

**Student Name:** \_\_\_\_\_ ID# F00 \_\_\_\_\_  
(Last) (First)

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

**Proposal Information:** Fieldwork/Internship/Practicum (Circle One)

**Title:** \_\_\_\_\_ **Credits:** \_\_\_\_\_  
(Academic Area/Type) (Normally 40 field hrs per cr)  
**Date** \_\_\_\_\_ **to** \_\_\_\_\_ **Semester** Fall \_\_\_\_\_  
Winterim \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

**Site Information:**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Supervisor/Contact** \_\_\_\_\_  
**Phone** \_\_\_\_\_

**Student Responsibilities:** On the back of this sheet please write a job description, including the evaluation procedure, or attach a typed copy of the same.

**Agreement Signatures:**

Student \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Contact/Supervisor \_\_\_\_\_  
Site Contact/Supervisor \_\_\_\_\_  
Dept Chair/Dean's Designee \_\_\_\_\_

Student: Obtain signatures and return form to Registrar's Office for registration



**Undergrad INTERNSHIP/FIELDWORK/ PRACTICUM EVALUATION**

(Not for structured/scheduled courses such as student teaching or clinicals)

**Student Name:** \_\_\_\_\_ ID# F00 \_\_\_\_\_  
(Last) (First)

**Fieldwork/Internship/Practicum:**

Title: \_\_\_\_\_  
(Academic Area/Type)

Date \_\_\_\_\_ to \_\_\_\_\_

Credits: \_\_\_\_\_ Total Clock Hours Worked: \_\_\_\_\_  
(Normally 40 field hrs per cr)

Job Description (may be attached):

Semester:  
Fall \_\_\_\_\_  
Winterim \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

**Site Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Student Attributes/Qualities** (additional comments may be attached):

Excellent Good Fair Weak Unacceptable Comments

Punctuality \_\_\_\_\_

Initiative \_\_\_\_\_

Responsibility \_\_\_\_\_

Working with others \_\_\_\_\_

Taking Directions \_\_\_\_\_

Primary Strengths:

Areas in Need of Improvement:

Evaluation of Specific Job Skills:

Comments:

Grade Recommended: A A- B+ B B- C+ C C- D+ D D- F

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Return to: Faculty Contact/Supervisor  
Concordia University Wisconsin  
12800 N Lake Shore Dr. Mequon WI 53097