CRITICAL STUDIES OF CHILDHOOD, YOUTH, AND LEARNING COMMUNITY PARTNER PLACEMENT STUDENT PROPOSAL FORM

Name	Semester					
Email	Phone					
What do you anticipate doing	g in your inter	nship?				
How will this placement rela	ate to your aca	demic studies	?			
What is your role/responsibi (Please complete this questi			ommunit	y Partner	is confirmed)	
**Circle the correct focus fo		DIV III	CEL	ALA	VOLUNTEER	
Community Partners you a						
Community Partner:				_ Phone		
Supervisor/Mentor		Email				
Community Partner				Phone		
Supervisor/Mentor		Email				
Anticipated start date	Anticipated end date					
**Advisor/Faculty	Signature					
CYL Educational Outreach (