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

Name __________________________________________ Semester ____________________

Email _________________________________________ Phone ___________________

What do you anticipate doing in your internship?

How will this placement relate to your academic studies?

What is your role/responsibility and time commitment?
(Please complete this question once placement with Community Partner is confirmed)

**Circle the correct focus for you:

INDEPENDENT STUDY       DIV II       DIV III       CEL       ALA       VOLUNTEER

Community Partners you are considering:

Community Partner: _____________________________ Phone____________________
Supervisor/Mentor ___________________________ Email _______________________

Community Partner ____________________________ Phone____________________
Supervisor/Mentor ___________________________ Email _______________________

Anticipated start date ____________________ Anticipated end date __________________

**Advisor/Faculty________________________ Signature__________________________

CYL Educational Outreach Coordinator Signature _____________________________________