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| --- | --- | --- | --- |
| Student Name: |  | Date: |  |
|  |  |  |
| Location (City, State):  |  |
|  |  |
| Phone:  |  |
|  |  |
| Email address:  |  |
|  |  |
| Organization with which you desire to work:  |  |
|  |  |
| Term Practicum will begin: |  |
|  |  |
| Area(s) of interest for practicum:  |  |
|  |  |
| Specific activities/tasks that interest you:  |  |
|  |  |
| Background experience: |  |
|  |
| * Please be sure to submit résumé or CV (curriculum vitae) **via email** to DMICE Internship Coordinator.
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