Name: ____________________________________________________________________________  (Please Print Legibly)
Student Signature: __________________________  Date: ________________
Title of Project: ________________________________________________________________
______________________________________________________________________________
Organizational or Partnership Affiliation: ____________________________________________
______________________________________________________________________________
Mailing Address and Contact Name/s: ________________________________________________
______________________________________________________________________________
______________________________________________________________________________

MASTER’S PROJECT PROPOSAL HAS BEEN REVIEWED AND APPROVED BY

ACADEMIC Advisor:

____________________________________  ______________________________________  ________________
(Print Name)  (Signature)  (Date)

FIELD CONTACT: ________________________________________________________________

____________________________________  ______________________________________  ________________
(E-mail)  (Phone)  
____________________________________  ______________________________________  ________________
(Print Name)  (Signature*)  (Date)

* Approval may be sent electronically from the advisor’s e-mail account and attached.
Any changes in field supervisors during the course of the internship must be approved by the Program Director.

PROGRAM DIRECTOR APPROVAL

____________________________________, Director  Date: _____________________
Alain Lempereur