Application for HRD Practicum

Submit completed form to:

Dr. Sandra L. Williams (773-442-5378) HRD Program - LWH 3017 Northeastern Illinois University 5500 North St Louis Ave. Chicago, IL 60625

s-williams24@neiu.edu

Note:

This completed form must be submitted to Dr. Williams before you can be authorized to register for HRD 415 and HRD 416.

Proposals should be submitted <u>at least one month before course registration</u> in order to allow time to review the proposal and to guarantee that space is available in the class.

| Name: | | | |
|------------------------------------|--------------------------|---------------------------|--|
| Student ID number: E-mail address: | | | |
| | | _ | |
| Telephone #'s: Day: | | _ Evening: | |
| TERM APPLIED FOR (| nlease mark one of the h | oves for your selection): | |
| Fall | Spring | Summer | |
| _ | 1 2 = | _ | |
| SPONSOR ORGANIZA | ΓΙΟΝ | | |
| Name: | | | |
| Address: | | | |
| | | | |
| Sponsor Name and Title: _ | | | |
| Sponsor Telephone Numb | er(c). | | |

| DESCRIPTION OF THE ORGANIZATION: (e.g. organization purpose, type of industry, |
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| size, management structure, department you will be assisting, etc.) |
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| OVERVIEW OF PROJECT |
| Brief description of the project itself, and where it fits into the organizational goals: |
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| Describe the deliverable that you will complete for your client, and that will be given to the practicum instructor for grading. |
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| Tasks and timeline (list tasks that need to be completed and approximate timeline). BE detailed about the timeline; attach it as a separate document, if needed: |
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| Competencies needed to complete project (skills you will be applying or learning in this experience): |
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| Resources (e.g. resources needed by you to complete the project and resources available to you): |
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