

COMMUNITY PLANNING & DEVELOPMENT PROGRAM Field Experience Contract

STUDENT INFORMATION

STUDENT NAME

SS#

ADDRESS

CITY

STATE AND ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

PROGRAM TRACK

AGENCY/ORGANIZATION INFORMATION

NAME OF EMPLOYING AGENCY/PROGRAM

ADDRESS

PHONE

FAX

EMAIL

SUPERVISOR AND TITLE

DURATION OF FIELD EXPERIENCE:

FROM

TO

MUSKIE SCHOOL OF PUBLIC SERVICE

FIELD EXPERIENCE ADVISOR

PHONE

FAX

EMAIL

SIGNATURES

STUDENT

DATE

SUPERVISOR

DATE

FIELD EXPERIENCE ADVISOR

DATE

FIELD EXPERIENCE SUMMARY

MAJOR WORK FUNCTIONS IN WHICH STUDENT WILL BE PARTICIPATING (or attach work program):

1.

2.

3.

4.

5.

SPECIAL PROJECTS IN WHICH STUDENT WILL BE PARTICIPATING (or attach work program):

1.

2.

3.

4.

SKILLS/ABILITIES IN WHICH STUDENT WILL GAIN EXPERIENCE:

1.

2.

3.

4.