

PUBLIC POLICY AND MANAGEMENT PROGRAM Field Experience Program

PERSONAL INFORMATION

STUDENT NAME

ID#

LOCAL ADDRESS

CITY

STATE AND ZIP CODE

LOCAL PHONE NUMBER

EMAIL ADDRESS

ACADEMIC INFORMATION

ACADEMIC TRACK

CERTIFICATE PROGRAM

OF SEMESTERS OF COMPLETED PPM STUDY

EXPECTED MONTH/YEAR OF GRADUATION

FIELD EXPERIENCE INTEREST

(Check all field experience interests and desired organization/agency types. If "Other" please explain)

INTERESTS:

- Budget/Finance/Taxes
- Economic/Community Development
- Human Resources
- Information Management
- Legislative/Lobbying
- Public Relations/Media
- Development/Grant Writing
- Strategic Development
- Regulation
- City Management
- Transportation
- Children/Family
- Education
- Environment
- Health
- Urban Issues/Housing/Population
- Social Programs
- Multiculturalism/Diversity
- Other _____

AGENCY:

- Federal
- State
- Local
- Not for Profit Agency
- Medical/Health Facility
- Trade Association
- Private
- University/College

PLEASE INDICATE YOUR LEVEL OF SKILL IN EACH OF THESE AREAS

1=VERY STRONG

2=MODERATELY STRONG

3=HAVE SOME SKILL/EXPOSURE

4=LITTLE SKILL/EXPOSURE, BUT HAVE DONE TASK AT LEAST ONCE

5=NO SKILL/EXPOSURE

1. Statistical Methods

List statistical methods and computer programs you have experience with:

2. Spreadsheets/Databases

List programs:

3. Word Processing

List programs:

4. Research Skills

- Lexis/Nexis:
- Legislative Research Service (LRS):
- Internet Searching:
- Standard Library Research:

5. Public Presentation Skills:

6. Written Communication Skills:

7. Organizational Ability:

**8. Ability to Analyze
Data/Written Material:**

9. Editing Ability:

10. Indicate your skill in/Exposure to:

- Grant Writing:
- Public Relations:
- Budgeting/Financial Analysis:
- Teaching/Training:

**11. Indicate the ideal organization/agency you are seeking for
a field experience and what you would like to do/learn there:**

Please return completed forms to PPM Field Experience Coordinator.