



MEngCEM Practicum Proposal

Name: _____ Student Number: _____

Job Title: _____

Organization: _____

Supervisor Name: _____ Supervisor Job Title: _____

Supervisor Phone: _____ Supervisor EMail: _____

Organization Address: _____

Proposed Start Date: _____ Proposed End Date: _____

Brief
Description of
Duties:

How does this
position relate
to the
MEngCEM
program?

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____