



# COE COLLEGE

## OFFICE OF COMMUNITY ENGAGEMENT

### Community-Based Practicum Proposal

#### Instructions:

In order to register for the Community-Based Practicum, complete both pages of this application and submit to the Registrar with the necessary signatures.

Student Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Title of Community-Based Project: \_\_\_\_\_

Check number of credits:  0 credit  1 credit

Term:  Fall  Winter  Spring

1. Describe the project. The project and related academic assignments should take approximately 140 hours and can build on but not duplicate work for other courses. You may attach an additional sheet if necessary.
  
2. Please indicate who will be responsible for the following items: your practicum advisor, Director of Community Engagement or your Community Partner site supervisor.
  - a. Who will assign and evaluate supplemental academic work for this practicum? \_\_\_\_\_
  - b. Who will be in contact with the community partner site supervisor? \_\_\_\_\_
  - c. Who will be responsible for evaluating your work with the community partner site? \_\_\_\_\_
  - d. Who will evaluate your overall performance (assign a grade) in this practicum? \_\_\_\_\_
  - e. Please list any other tasks and who will oversee that they are completed:
  
3. What is the significance of the project for your partners (i.e. how will this project build capacity for them)?
  
  
4. Describe how you will demonstrate your learning and accomplishments through an oral or written final product of your project.

**Explain how the project fulfills each of the following criteria.**

1. Serves the common good
2. Involves experiential learning outside the classroom
3. Engages with the campus community or the broader world
4. Includes appropriate preparation for the project and opportunity for thoughtful reflection
5. Results of the project are shared with the campus community through appropriate means devised in consultation with faculty member and Director of Community Engagement

**Signatures**

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**Student**

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Printed name

ID Number

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Signature

Date

**Faculty Practicum Advisor**

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Printed name

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Signature

Date

**Director of Community Engagement**

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Printed name

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Signature

Date