

Dean, College of Science

Master of Science Coastal Marine and Wetland Studies Professional Experience Proposal

Name		Date	
Attach your professional experience prop	osal to this form.	Please include the following information:	
1. Project title.			
2. Name, address, and contact inform	nation of the on-si	te internship supervisor.	
3. Description and purpose of the org	ganization sponsor	ing the internship.	
4. Introduction and background infor	mation to the proj	ect.	
5. Project overview including a detail	ed description exp	plaining the internship and what you will be doing.	
•	oastal region (de	cesses, ecological processes, and environmental escribe the relationship between the proposed int WS 601, 602 and 603).	
7. Pertinent literature cited.			
8. Timeline for the internship.			
Also attach the following forms with requ	ired signatures to	this form:	
1. Internship Learning Contract			
2. Memorandum of Understanding			
We have approved the attached internship	proposal.		
Mi D.C. W. (Di)	. <u>-</u>		
Major Professor Name (Print)	Date	Signature	
Committee Member Name (Print)	Date	Signature	
Committee Member Name (Print)	Date	Signature	
Committee Member Name (Print)	Date	Signature	
SCMSS Graduate Programs Coordinator		Date	

Date