

NAME

Last Name First Name Initial SPIRE No./Net ID

MAILING ADDRESS {

Street Apt. No.

-

City State ZIP Birthdate: MM/DD/YY

LOCAL TEL

Area Code Country of Citizenship if other than U.S.  G-Graduate  M-Male  
U-U-Undergraduate F-Female

UMass E-mail: \_\_\_\_\_ Non-UMass E-mail: \_\_\_\_\_

Have you enrolled previously at UMass Amherst? ..  Yes  No

Under what name? \_\_\_\_\_

Were you enrolled through Continuing & Professional Education? .....  Yes  No

Do you have a Bachelor's Degree? .....  Yes  No

|           |                      |         |
|-----------|----------------------|---------|
| SPP598    | Practicum            | 3       |
| Class No. | Dept. and Course No. | Title   |
|           |                      | Credits |

COMPLETE ONLY **ONE** SET OF REQUIRED SIGNATURES, AS APPROPRIATE: (NO SIGNATURES REQUIRED FOR THESIS/DISSERTATION)

|   |                                    |                          |
|---|------------------------------------|--------------------------|
| <b>INDEPENDENT STUDY/PRACTICUM</b>        |                                    |                          |
| Satu Zoller                               |                                    | szoller@pubpol.umass.edu |
| UMass Faculty Sponsor Name (please print) | ⇒ Signature, Date                  | Email Address, Telephone |
| School of Public Policy                   | SBS                                |                          |
| Department                                | School/College Dean (please print) | ⇒ Signature, Date        |

-- OR --

|   |   |                          |
|---|---|--------------------------|
| <b>INTERNSHIP (through Internship/Career Services Office)</b> |   |                          |
| UMass Faculty Sponsor (please print)                          | ⇒ Signature, Date                               | Email Address, Telephone |
| Faculty Sponsor's Department                                  | Internship Office representative (please print) | ⇒ Signature, Date        |