STUDENT INFORMATION:
Name: __________________________________________
Phone: _________________________________________
Email: _________________________________________

ORGANIZATION CONTACT INFORMATION:
Organization: ______________________________________
Supervisor: ______________________________________
Phone: _________________________________________
Email: _________________________________________
Address: _______________________________________

PROJECT:
Project Name: ______________________________________
Project Description:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

ESTIMATED DATES:
Start: ______________________________ Finish: ______________________________

ADDITIONAL INFORMATION:
Names of additional students: ______________________________________
Expected Hours to Complete: ______________________________________
Has this organization/attorney participated before? _______________________
How did you discover this project? _____________________________________
Are additional students needed? _______________________________________
Qualifications: (e.g. languages, courses taken, previous work experience: ______________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature: __________________ Date: __________________

*Please sign and return to Professor Mary Natkin in Room 427 or email completed form to natkinm@wlu.edu and copy Lora Richardson richardsonl@wlu.edu.