

**Leadership Minor**

Applied Leadership Proposal

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

**Proposal Type:**

 [ ] Internship [ ] Service Learning [ ]  Research

**E-mail:** Click here to enter text. **Student ID#:** Click here to enter text.

**Home Department:** Click here to enter text.

**Year in School:**

[ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior

**Site Supervisor for Experience:** Click here to enter text.

**Site Supervisor’s Title:** Click here to enter text.

**Site Supervisor’s Phone Number:** Click here to enter text.

**Site Supervisor’s E-mail Address:** Click here to enter text.

**Start Date:** Click here to enter text. **End Date:** Click here to enter text.

**Approximate Hours Per Week:** Click here to enter text.

**Approximate Number of Weeks:** Click here to enter text.

**Approximate Total Hours:** Click here to enter text.

*Please answer the following questions in the space provided below.*

**Summary of Experience:** (What will you be doing during this experience? Please describe in detail what your role(s) and responsibilities will be at the site. Also, list any duties or projects with completion deadlines, if relevant.)

Click here to enter text.

**Leadership Learning Outcomes:** (What do you expect to learn through this experience? )

Click here to enter text.

**Personal Development:** (How will this experience contribute to both your leadership development goals and your career goals?)

Click here to enter text.

