**Environmental**



**Concentration**

**Practical Experience Approval Form** (check one) **#1\_\_\_\_ #2\_\_\_\_**

Prior to each practical experience, please complete and discuss this form with your Concentration adviser. Submit the completed form to Joanne Benkley (jbenkley@smith.edu, Campus address: Wright Hall 005- CEEDS).

|  |  |  |
| --- | --- | --- |
| Name: | | Graduation Year: |
| Concentration Advisor: | | |
|  | | |
| Proposed Internship, Volunteer, or Work Experience | Name of Sponsoring Organization:  Address:  Supervisor  Name and Title:  Phone:  Email Address: | |
| Description of Proposed Internship, Volunteer, or Work Experience |  | |
| How does this experience connect to your concentration? (Continue on the other side if necessary.) |  | |
| Begin and end dates |  | |
| Anticipated total hours |  | |
|  | | |

*To be completed by Concentration Adviser:*

Practical experience discussed with student

Approved

Adviser signature: Date: