



**STUDENT INFORMATION:**

**Full Name:**

\_\_\_\_\_

*First Name* *Last Name*

**Address:**

\_\_\_\_\_

*Street Address* *Apt/Unit #*

\_\_\_\_\_

*City* *State or County* *Zip Code*

**Contact:**

\_\_\_\_\_

*Student Email* *Personal Email* *Phone Number*

**School:**

\_\_\_\_\_

*University/Institution* *Field of Study* *Expected Graduation Date (mm/dd/yyyy)*

**Enrollment**

**Status:**

*Full-time* *Part-time*

**What year in school will you be during the 2020-2021 school year?**

*Undergraduate Junior* *Undergraduate Senior* *Graduate or Doctoral Degree*

**Are you a U.S. citizen, U.S. national, or an eligible noncitizen?**

*Eligible noncitizens include U.S. permanent residents with a Permanent Resident Card (I-551) or conditional permanent residents with a Conditional Green Card (I-551C), and residents of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.*

*Yes, I am a U.S. citizen or U.S. national.* *No, I am an eligible noncitizen.* *No, I am not a citizen or eligible noncitizen.*

**Faculty Mentor / Academic Advisor:**

<i>First Name</i>	<i>Last Name</i>
<i>Email</i>	<i>Phone Number</i>

**STUDENT PROJECT:**

**Organization:**

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**Address:**

<i>Street Address</i>	<i>Apt/Unit #</i>
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<i>City</i>	<i>State or County</i>	<i>Zip Code</i>
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**Supervisor:**

<i>First Name</i>	<i>Last Name</i>	<i>Job Title</i>
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<i>Email</i>	<i>Phone Number</i>
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**Dates of Project:**

<i>Start Date (mm/dd/yyyy)</i>	<i>End Date (mm/dd/yyyy)</i>	<i>Total Hours</i>
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**Project Title:**

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**Student Goal Statement**

*Please provide a comprehensive goal statement for the project . This statement should be 1-2 sentences and should describe the overall outcome the student expects upon completion of the project.*

**Project Management Plan:**

Please provide a minimum of 3 objectives for your project and the activities that will be taken to accomplish each objective. These objectives can be related to what the student expects to learn by carrying out their project or what the student hopes to accomplish or deliver as part of the project.

<b>Objective 1:</b>	
<b>Activities:</b>	<b>Anticipated Completion Date:</b>
<b>Objective 2:</b>	
<b>Activities:</b>	<b>Anticipated Completion Date:</b>
<b>Objective 3:</b>	
<b>Activities:</b>	<b>Anticipated Completion Date:</b>

**How does this project relate to your academic and/or career interests?**

Student Signature: \_\_\_\_\_  
*signature*

Date: \_\_\_\_\_  
*mm/dd/yyyy*

Faculty Mentor Signature: \_\_\_\_\_  
*signature*

Date: \_\_\_\_\_  
*mm/dd/yyyy*

Preceptor Signature: \_\_\_\_\_  
*signature*

Date: \_\_\_\_\_  
*mm/dd/yyyy*

Submit completed application via email to [wrphtc@arizona.edu](mailto:wrphtc@arizona.edu).