

## **International Practicum Application**

**Application is for:**

**Fall Term** \_\_\_\_\_ **Winter Term** \_\_\_\_\_ **Spring Term** \_\_\_\_\_

**Personal Information**

1. Name: \_\_\_\_\_
2. Student Number: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Social Insurance Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_

**For Overseas Practicums Only**

Passport Number: \_\_\_\_\_

Emergency contacts in Winnipeg (names and telephone numbers):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**Academic Information**

7. Declared majors: *(circle one or more)*
  - a. CRS (3 year)
  - b. CRS (4 year)
  - c. IDS (3 year)
  - d. IDS (4 year)
  - e. Other discipline: \_\_\_\_\_
8. Cumulative GPA: \_\_\_\_\_
9. Expected month/year of graduation: \_\_\_\_\_

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10. Related work experience or skills training (e.g., CRS workshops, previous IDS field work, volunteering, etc.)

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11. Previous Academic History (most recent degree/diploma listed first):

Institution	Diploma/Degree granted	Year of completion

**Related Experience and Information**

12. Please attach a copy of your latest mark statement.

13. Please attach practicum proposal once you have found your organization (see attached)

14. Indicate the name and contact information of a Menno Simons College instructor who will act as a reference for you:

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15. **Do you have any significant medical problems which might impact your practicum experience?**

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**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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### **Practicum Proposal – International Placement**

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Proposed dates for practicum:** \_\_\_\_\_

#### **Proposal for 3 or 6 credit hours**

**Name of Organization:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_  
\_\_\_\_\_

**Name and contact of field supervisor (if possible):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe to the best of your knowledge the anticipated work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe why you want to work with this organization and articulate your learning goals for the practicum.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Indicate any relevant language competence or training: \_\_\_\_\_

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**Complete attached budget form.**

NOTE: Students should also consider applying to the *Leatherdale Global Citizen Internship* fund, and other sources on and off campus.

*Travel medicine information* is available from a family physician. The Winnipeg Regional Health Authority also operates a travel clinic close to campus (490 Hargrave St.) that offers a full range of travel consultation and immunization services. Appointments are required.

*Attachments:*  
Practicum Budget