

# SERVICE IMMERSION PROJECT PROPOSAL

## Class of 2013

Student Name: \_\_\_\_\_

Service Agency: \_\_\_\_\_

Service Agency Contact Information:

Person-in-charge or Contact Name within Agency: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Proposed Service Immersion (description of activity)

---

---

---

---

Physical Location of Immersion Activity: \_\_\_\_\_

---

Period of time engaged in project (include any pre-planning, travel, etc.):

---

Others Involved: \_\_\_\_\_

(faculty, students, etc.)

Proposed Deliverable: \_\_\_\_\_

\*\*\*\*\*Please return form to MBA Program Office, 220 Business Bldg.\*\*\*\*\*

*For MBA Office use only:*

*Deliverable Received/Blog Entry:*