School of Information ICTD Certificate Fieldwork Approval Form

Student Name (Please print)	School or Department (Please print) E-mail Address (Please print)		Degree Program (Please print)	
Student ID # (Please print)			Advisor Name (Please print)	
Internship / Research Fieldwork	Students in the certificate program mus	st complete at least 6 weeks of fi	ieldwork.	
Organization Name (if any)	Location	Dates		
Description Please describe the internship or other to detail your role and responsibilities, the organization	fieldwork activity that you intend to use to stion you worked for (if any), what activities	fulfill the 'fieldwork' requireme you were engaged in, and wha	nt for the ICTD certificate. You may wish t you think makes this relevant to ICTD:	

Submit completed forms to ICTD Certificate Program, School of Information, 102 South Hall #4600, Berkeley, CA 94720-4600, or email to ictd-certificate@ischool.berkeley.edu.

[Last updated August 11, 2015]