



# PRACTICUM ABSTRACT FORM

Graduate Program in Conflict Transformation  
Center for Justice & Peacebuilding

**Instructions to the student:**

1. Complete this form
2. Give copy to practicum advisor and to practicum coordinator (Janelle)

Name:

Date:

Practicum Advisor:

Dates of practicum:

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## Summary Information regarding Practicum

**Practicum organization:**

**Practicum location:**

**Local supervisor and role in organization of placement:**

**Brief Description of the Practicum and key activities:**

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Please answer the following questions to benefit future students exploring practicum placements:

1. Would you recommend this organization to future students? Why or why not?
  
2. Would you recommend having CJP follow up with this organization to explore future placement possibilities?
  
3. Please list below the key contact person(s) *and contact information* to enhance the possibility of making a personal connection at the organization in the future.
  - a.
  
  - b.
  
  - c.
  
4. Please list below the housing arrangements you made for during your practicum *and contact information* (if appropriate) to assist future students in finding housing. Feel free to add any additional ideas for housing in the area where you did your practicum.
  - a.
  
  - b.
  
  - c.