



INITIAL PROPOSAL/FINAL EVALUATION: WORK EXPERIENCE/APPLIED RESEARCH PROJECT

Please complete **Section A: Initial Proposal** (with the help of your supervisor) and send to CBIE at least 2 weeks before the planned activities take place.

Please ask your supervisor to complete and sign **Section B: Final Evaluation** and send it to CBIE during the last week of activities/project.

SECTION A: INITIAL PROPOSAL

THE COMPONENTS INDICATED BY * CAN BE INCLUDED AS A SEPARATE DOCUMENT AND ATTACHED TO THIS FORM

DETAILS*

LOCATION WHERE THE PLACEMENT/APPLIED PROJECT WILL BE COMPLETED:

CANADA: PROVINCE _____ CITY _____ OTHER: _____

ORGANIZATION RESPONSIBLE FOR THE WORK EXPERIENCE/PROJECT: UNIVERSITY OTHER _____

REMUNERATED: YES (\$) _____) NO _____ CREDITED: YES (# OF CREDITS _____) NO _____

DATES OF THE WORK EXPERIENCE/PROJECT: _____ TO _____ DURATION _____ DAYS _____

NAME OF FIRM/ORGANIZATION: _____ POSITION TITLE: _____

SCHOLAR INFORMATION*

LAST NAME: _____ FIRST NAME: _____

CBIE STUDENT #: _____ COUNTRY OF ORIGIN: _____

LEVEL OF STUDY: _____ PROGRAM OF STUDY: _____

PROGRAM DIRECTOR'S NAME: _____

SUPERVISOR'S NAME (WORK EXP/PROJECT): _____

GOAL OF WORK EXPERIENCE/APPLIED RESEARCH PROJECT*

LINKS OF WORK EXPERIENCE/APPLIED RESEARCH PROJECT TO THE PROGRAM OF STUDY

OBJECTIVES OF WORK EXPERIENCE/APPLIED RESEARCH PROJECT*



DETAILS OF WORK EXPERIENCE/APPLIED RESEARCH PROJECT*

CONTEXT (SETTING) OF WORK EXPERIENCE/APPLIED RESEARCH PROJECT:

RESOURCES MADE AVAILABLE TO THE STUDENT IN THE PLACEMENT SETTING/APPLIED RESEARCH PROJECT:

SUGGESTED WORK PLAN*

TASKS	DUE DATES	COMMENTS

DELIVERABLES*

DESCRIPTION	COMMENTS

SIGNATURES

SCHOLAR'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

ALT MANAGER'S SIGNATURE: _____ DATE: _____



SECTION B: FINAL EVALUATION

**TO BE COMPLETED BY THE SUPERVISOR AND SENT TO CBIE DURING
THE LAST WEEK OF THE WORK EXPERIENCE/APPLIED PROJECT**

NAME OF STUDENT:

NAME OF SUPERVISOR:

PROJECT DESCRIPTION: AS PRESENTED IN SECTION A

AMENDMENTS:

DURATION:

SUPERVISOR'S EVALUATION:

SUPERVISOR'S SIGNATURE:

DATE:

COMMENTS FROM THE SCHOLAR (OPTIONAL):

SCHOLAR'S SIGNATURE:

DATE: