

MULTICULTURAL IMMERSION PROGRAM

PROGRAM REQUEST FORM

Today's Date: _____

The Multicultural Immersion Program Internship provides a variety of workshops programs to promote intercultural relations and enhance understanding of diversity issues. We ask for your assistance in helping us provide quality programming by giving us no less than THREE WEEKS NOTICE and by providing us with the following information when requesting a program:

When completed, please send to:

MIP-CAPS, 219 North Hall, One Shields Ave, Davis, CA 95616

or

E-mail to mip@ucdavis.edu

(Please note: The minimum number of participants for our programs is 8. The maximum number will be determined by the type of program being requested and in consultation with the person/group requesting the program.)

Contact person: _____ Organization/Department: _____

Telephone number: _____ E-mail address _____

Type of program requested (Check one):

- Workshop
 Panel Presentation
 Other (Please Specify) _____

Date for which program is requested: _____ Allotted time for program (e.g., 2 hours): _____

Time program starts/ends: _____ Number of people expected to attend the program: _____

Where is the program to take place: _____

Please give a brief description of what prompted the request and what you hope to achieve from this program:

STAFF ONLY:

Contact Secured: Yes ___ No ___ Follow Up Date(s): _____

Assigned MIP Staff: _____

Current Status: In Progress ___ Completed ___ Evaluation Completed ___