

Internship Approval Form

This form must be signed by both the student and the FAS internship coordinator and returned to the FAS internship coordinator before the internship begins.

Student Name: _____

Student Email: _____ Phone: _____

Employer/Supervisor: _____ Phone: _____

Agency or Firm: _____

Mailing address: _____

Email: _____ Web Address: _____

Type of Position: Paid position _____ Volunteer _____ Work-Study _____

Internship Title: _____ Total Hours Planned: _____

Start Date: _____ End Date: _____ Report Due Date: _____

Number of credits requested (1 – 3): _____ FAS faculty approval of credits (initial): _____

Experience and directed training to be gained (you may attach additional sheets):

Student signature: _____ **Date:** _____

FAS faculty approval: _____ **Date:** _____