

SUBMIT IN TRIPLICATE

INTERNSHIP PROPOSAL FORM

Please print or type.

Student name: _____ SSN: _____

Semester(s) : _____

Schedule/Hours for new internship: _____

Name of agency (new or prior): _____

Agency Supervisor (new or prior):

Name: _____

Telephone: _____

Email: _____

Proposed or prior role/responsibilities:

Proposed focus of analysis:

Please attach any supporting materials.

Student signature: _____ Date: _____

Faculty* signature: _____ Date: _____

*This faculty member has agreed to evaluate the student's internship and assign a grade at the end of the semester.