

COLLEGE OF BUSINESS AND PUBLIC ADMINISTRATION

575 INTERNSHIP COURSE – SUPPLEMENTAL FORM

REQUEST TO DO AN INTERNSHIP AT MY CURRENT PLACE OF EMPLOYMENT

We must receive a clear statement about what specifically you'll be doing for your internship course. This will serve as documentation to confirm that you'll NOT perform duties in this internship that's already part of your regular job duties at work. Complete ALL the information below. Although some of this information is included in your internship forms, it's important for us to have it in this form so that all parties can see the difference between your regular work duties and your proposed internship project. Remember, this internship should provide you with a progressive learning experience in your field of study. Do not begin your project until approval is obtained!

Student's Name _____ E-mail Address _____
Phone# _____ Internship Course _____ Quarter & Year _____

CONTACT INFORMATION FOR CURRENT JOB

Place of Employment _____

Address: City, State & Zip _____

Site Supv: -> Last Name: _____ First Name _____

Mr. Mrs. Ms. Job Title: _____

Work# () _____

Describe briefly your current job duties and responsibilities.

CONTACT INFORMATION FOR INTERNSHIP PROJECT

575 Site Supv.-> Last Name: _____ First Name _____

Mr. Mrs. Ms. Job Title: _____

Work# () _____

How is this project different / not related to your current job & responsibilities? Attach info. if you need more space.

The above information is a correct description of the internship project. It's different than the student's normal work duties.

Approved Not Approved

Reasons for Non-approval:

Student's Signature Date

575 Intern Supervisor's Signature Date

Faculty Internship Coordinator's Signature Date