

DES Internship Approval Form

[This form is for students requesting approval of their proposed internship.
This form must be approved prior to starting an internship.]

Your Name: _____

Date: _____

Phone: _____

E-mail: _____

Internship Host

Agency/Organization: _____

Address: _____

Host Supervisor (including title): _____

Host Phone: _____ E-mail: _____

Internship Start Date: _____ Stop Date: _____ Total Expected Hours: _____

Complete the following questions in a attachment based on your expectations of the internship.

1. What specific duties will you perform during the internship?
2. What is the level of supervision? Working alone, with a crew, etc?
3. Location of internship?
4. How will this internship incorporate your course work, enhance your career goals, and strengthen your skills in your chosen DES Concentration?

Attach the following to the form:

- A copy of your typed resume.
- A copy of a cover letter.
- A written job description signed by the host internship supervisor.

Your Signature: _____ Date: _____

DES Advisor's Signature: _____ Date: _____

DES Internship Coordinator Signature: _____ Date: _____

Following the signed approval of this form, you must register for ESP 400 for 3 credits.