

DES Internship Approval Form

Name: _____

Date: _____

Phone: _____

E-mail: _____

Internship Host

Agency/Organization: _____

Agency/Organization Address: _____

Host Supervisor (including title): _____

Phone: _____

E-mail: _____

Address: _____

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

1. What specific duties will you perform during the internship?
2. When will internship begin? Internship duration? Total time commitment?
3. Location of internship?
4. What is the level of supervision? Working alone, with a crew, etc?
5. How will this internship enhance your career goals or strengthen your skills in your chosen DES Concentration?
6. Attach a job description written and signed by the internship supervisor.

Student Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

DES Internship Coordinator: _____ Date: _____