

REQUEST FOR APPROVAL FOR PLACEMENT OF INTERNS
(College of Arts & Sciences)

AGENCY NAME _____

ADDRESS _____

(City) (State) (Zip Code)

(Phone Number) (Fax Number) (Email Address)

BUSINESS, SERVICES, OR RESPONSIBILITIES OF AGENCY:

LIST SPECIFIC OPPORTUNITIES/EXPERIENCES TO BE PROVIDED FOR THE INTERN:

LIST THE NAMES OF AGENCY INDIVIDUALS WHO MAY SERVE AS INTERNSHIP SUPERVISORS: (Please attach resume, in addition to any certification required, for each individual listed.)

AGENCY REQUIRES LIABILITY INSURANCE YES ___ NO ___
STUDENT COVERAGE OBTAINED YES ___ NO ___ AMT \$ ___

CARRIER _____

SIGNATURE, DEPT. CHAIR DATE SIGNATURE, DEAN DATE

APPROVED _____ NOT APPROVED _____ EXPIRATION DATE _____