

**UNC Wilmington – GRADUATE SCHOOL
REQUEST FOR APPROVAL OF AGENCY
FOR PLACEMENT OF INTERNS**

Agency:

Address:

Telephone:

FAX:

Business, Services, or Responsibilities of Agency (attach additional information if necessary):

List Specific Opportunities or Experiences that will be provided for the Intern (attach additional information if necessary):

List the Names of Agency Individuals who may Serve as Internship Supervisors and attach resume(s):

Agency Requires Liability Insurance: Yes No

Student Coverage Obtained? Yes No Amount

Carrier:

Department Chair Signature: _____ Date: _____

Agency Signature: _____ Date: _____

Graduate Dean: _____ Date: _____

Approval Date _____ Expiration Date _____ Not Approved _____