

Public History Internship Approval

Index No. (required)

5374
Course No.

Section No.

PUBLIC HISTORY INTERNSHIP

Semester/Term – Year

HISTORY
Department

_____/_____/_____
Date

Name of Student

ID # _____
Student ID #

Name of Faculty Member

have agreed that the student will
participate in the following
Internship:

Title of Internship

Name of Internship Site: _____

Address: _____

Purpose, Scope & Method:

Signature of Student Intern

Signature of Faculty Internship Supervisor

Signature of Department Chair

*This form must be completed, with signatures, before you can register for 5374.