

**Department Approval Form  
Graduate Internship  
(IS 5387)**

Date \_\_\_\_\_

Applying for (please indicate the year) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(last) (first) (middle initial)

Where has student been accepted as an intern?

Business/Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone number \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Description of duties to be performed by the student intern:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature indicating approval  
Director of Center for International Studies