

AELC /AGS Internship Request Form

TODAY'S DATE _____

INTERN'S NAME _____ NET ID _____

EMAIL ADDRESS _____

PHONE NUMBER _____

CLASSIFICATION _____ CURRENT GPA _____

MAJOR _____ INTERNSHIP SEMESTER _____

INTERNSHIP ORGANIZATION/COMPANY _____

ADDRESS _____

SUPERVISOR'S NAME _____

EMAIL ADDRESS _____

EMPLOYMENT DATES _____ TOTAL PROJECTED HOURS WORKED _____

PRELIMINARY WORK GOALS FOR INTERNSHIP (To be completed with supervisor.)

I have successfully completed AELC 3203 AND AELC 3333 Yes No (circle one)

Which section of internship will you be enrolling in? (circle one)

AELC 3503 01/101 (Leadership)

AELC 3503 02/102 (AGS)

AELC 3603 01/101 (Communications)

I have read and understand the above steps.

Student Signature _____ Date _____

For Department Use Only

Approved by: _____ Date _____