

Internship Acceptance Form

Student Name:

Age:

ID#

Date:

Home Address:

Telephone Number:

Overall GPA _____ IN MAJOR _____

(minimum GPA of 2.0 overall/ 2.25 in major required for approval)

Date of expected graduation

Agency Name:

Agency Address:

Agency Supervisor Name:

Agency Supervisor Phone Number:

1) Specific goals and objectives you would like to attain during your internship experience.

2) The particular skills and knowledge you have to offer these agencies.

APPROVAL

This student has met all requirements listed approved for final internship placement approval.

_____ Internship Site Supervisor Signature/Date

_____ Advisor Signature/Date

