

The Internship Proposal Form of the Division of Global Affairs

STUDENT INFORMATION

Name: _____ Student ID: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____ Phone #: _____

Year enrolled at DGA: _____ Degree Program: _____

INTERNSHIP PROJECT INFORMATION

Name of the Internship: _____

Main Duties or Roles: _____

Relation to Global Affairs Major:

Learning Objectives:

SUPERVISOR INFORMATION

Name: _____ Title: _____

Email: _____ Phone #: _____

If Applicable, Co-Supervisor Information:

Co-Supervisor Name: _____ Title: _____

Email: _____ Phone #: _____

INTERNSHIP SITE INFORMATION

Organization: _____

Address: _____ City: _____ State: _____

Zip: _____

Start Date: _____ End Date: _____

Schedule of internship/field placement (# hours each day):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Internship Funding (e.g. insurance, tuition support, etc.):

REQUIRED SIGNATURES: *I agree with the description of the internship and understand that this will serve as a learning contract for this experience:*

Student: _____ Date: _____

The Dean of DGA: _____ Date: _____