

**This form must be completed and approved by the M.A. Program Director prior to the start of the internship or registering for class credit.**

STUDENT FIRST NAME	STUDENT LAST NAME	BANNER ID	DEGREE PROGRAM
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Semester for Registration of Internship:

Location of Internship (City, State):

Proposed placement site and department/office, including approximate dates and schedule:

On-site Supervisor Name and Contact Information:

SUPERVISOR NAME	POSITION	INSTITUTION OR AGENCY
PHONE	EMAIL ADDRESS	

Proposed internship activities, duties, or responsibilities, including brief description of the office and/or institution where the internship will be completed:

Student Should Complete  
Form in DocuSign

The internship should focus on strengthening 3 competencies (selected from list below). Please check the selected competencies and briefly explain why you selected them.

☐ Critical Thinking and Problem Solving  
☐ Oral Communication  
☐ Written Communication  
☐ Teamwork and Collaboration  
☐ Leadership

☐ Professionalism / Work Ethic  
☐ Career Design & Management  
☐ Intercultural & Global Fluency  
☐ Adaptability & Resilience

Reason for selection:

APPROVALS		
M.A. PROGRAM DIRECTOR	SIGNATURE	DATE