



Internship/Independent Study Proposal Form for Undergraduate Students

Student Name:

Student ID:

Student Email:

Schedule Number:

Fall: Spring: Summer: Year:

GPA: List completed major-specific required courses:

Course Name:

Course Number:

Credits:

Title of Internship/ Independent Study:

Hours to be completed weekly:

Objectives: (describe the anticipated internship)

Means of evaluation: (In consultation with instructor)

Approvals:

Faculty Supervisor: _____

Date: _____

Academic Adviser: _____

Date: _____

Site Supervisor: _____

Date: _____

Please return completed form to 107 Armsby Building for scheduling.