

Student Name	_____	Date Filed	_____
Semester of Internship	_____	Panther Number	_____
Email address	_____	Phone C	_____
Address	_____	Phone H	_____
City, ST, Zip	_____	GPA ≥ 2.5	_____
		POLSI hours taken ≥ 15	_____
		Total hours taken ≥ 45	_____
		Hours completed at GSU ≥ 30	_____

Internship Information

Organization Name _____

Contact Name _____

Phone Number _____

Location Address of Internship _____

Start Date _____

Hours per Week _____

End Date _____

A letter from the organization where the internship will be performed must be attached. The letter must state the start date, end date, the hours per week of the internship, where the internship will be performed, and the contact information for the internship supervisor.

Approval Signatures

Internship Faculty Supervisor

_____	_____	_____	_____
Name	Phone	Date	Signature

Director Undergraduate Studies

Jeannie Grussendorf	404.413.6151	_____	_____
Name	Phone	Date	Signature

OR

Department Chair

Carrie Manning	404.413.6172	_____	_____
Name	Phone	Date	Signature

Registration authorization entered _____

_____	_____	_____
Name	Date	Signature