Department of Political Science  Internship Approval Form  POLS 8995

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 = > 9
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 Graduate Studies

Name  __________________________  Phone  __________________________  Date  __________________________  Signature  __________________________

OR

Department Chair

Name  __________________________  Phone  __________________________  Date  __________________________  Signature  __________________________

Registration authorization entered  

Name  __________________________  Date  __________________________  Signature  __________________________