

INTERNSHIP APPROVAL FORM

Department of Political Science

POLS 4940 CRN_10643_____

Adjustable hours to register for_____

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	_____

A letter (on company letterhead) 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.

Internship Information

Organization Name _____

Contact Name _____

Phone number _____

Location Address of Internship _____

Start Date _____

Hours per week _____

End Date _____

Approval Signatures

Internship
Faculty
Supervisor

Name (print)	Phone	Date	Signature
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Director Under
Graduate
Studies

Jeannie Grussendorf 404.413.6151

OR
Department
Chair

Name	Phone	Date	Signature
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Michael Herb 404.413.6172

Name	Phone	Date	Signature
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