

Student Name	Date Filed
Semester of Internship	Panther Number
Email address	Phone C
Address	Phone H
City, ST, Zip	GPA \geq 2.5
	POLSI hours taken \geq 15
	Total hours taken \geq 45
	Hours completed at GSU \geq 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	Ryan Carlin	404.413.6190	
OR Department Chair	Name	Phone	Date	Signature
	Michael Herb	404.413.6172		

Registration authorization entered _____

Name	Date	Signature
------	------	-----------