

English 4920/6920 Internship Application

Personal Information

Name			
UID#			
Email			
Address			
Internship Informa	tion		
Internship Cou	ırse Number 🗌 4920		
Semester of Internship			
Internship Location (Name)			
Internship Location (Address)			
Internship Fiel	d Supervisor		
Supervisor's F	hone		
 Comple Comple Registe Comple Mainta Comple Comple Submit 	ete internship applica ete internship contrac ete waiver/assumptio er for course credit ete a minimum of 113 in weekly learning jou ete mid-term meeting ete Internship Evaluat final portfolio with we	tion and submit for signature et and submit for approval n of risk form for your file hours of approved work urnal with internship coordinator tion form with on-site internship eekly learning journal entries content that you are aware of your restriction form.	ompleted
Student Signature	Date	Approved By	Date