APPENDIX F Internship Site Approval Form

(Used for internships that the Department has utilized in the past five years)

Name:	Date	:
Academic Advisor:		
Option:	r PA	r TR
Internship Agency:	(name, town	ı, state)
Internship Job Description Attached	r Yes	r No
TR Students Only: r Agency h	has only one CTRS	S and student will need to sign waiver
This site is: r Approved to	for internship	
Advisor Signature		Date:
Comments:		