FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

SCHOOL OF GRADUATE STUDIES AND RESEARCH

INTERNSHIP APPROVAL FORM

NAME OF STUDENT:_____
LAST **FIRST** **MIDDLE**

SOCIAL SECURITY NUMBER:_____ **TELEPHONE:**_____

RESIDENCE ADDRESS:_____
(STREET AND NUMBER)

_____
CITY **STATE** **ZIP CODE**

PROJECTED PROFESSIONAL CAREER:_____

_____

TYPE OF INTERNSHIP PLACEMENT REQUESTED:_____

_____

NAME OF AGENCY REQUESTED:_____

_____

NAME OF AGENCY SUPERVISOR:_____

TOTAL INTERNSHIP SEMESTER HRS:_____

SEMESTER AND YEAR FOR WHICH APPROVED:_____

APPROVALS:

AGENCY OFFICIAL:_____
(SIGNATURE) **(TITLE)**

_____
(NAME) **(DATE)**

UNIVERSITY INTERNSHIP SUPERVISOR:_____
(SIGNATURE) **(TITLE)**

_____
(NAME) **(DATE)**

COLLEGE/SCHOOL APPROVAL:

DEAN_____
(SIGNATURE) **(DATE)**

GRADUATE APPROVAL

DEAN:_____
(SIGNATURE) **(DATE)**

Distribution: ***White – Advisor*** ***Pink – Graduate Dean*** ***Yellow - Student***