



Public Administration and Policy

School of Public & International Affairs

UNIVERSITY OF GEORGIA

Internship Requirement Form

Name:

Email:

Agency/Organization:

Brief description of agency/organization's mission:

Agency/Organization website:

Department that you will be working in:

Supervisor's name:

Supervisor's telephone number:

Supervisor's email address:

Address of Agency/Organization:

Start Date:

End Date:

Number of weeks:

Hours per week:

(Total must equal at least 300 hours.)

This internship is (please check one):

Remote

In-person

Both

This internship is (please check one):

Paid (Rate _____)

Unpaid

Brief description of duties (please use back of page if necessary):

Date Form Submitted: _____

Approved

**Brandon Solie, MPA Career
Services and Recruitment
Assistant Director**