



Public Administration & Policy

School of Public & International Affairs

UNIVERSITY OF GEORGIA

Internship Approval 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 Paid

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