



Public Administration and 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 # of hours:

(Total must equal at least 300 hours.)

This internship is (please check one):

PAID (RATE _____)

UNPAID

This internship is (please check one):

REMOTE

IN-PERSON

HYBRID

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

Date Form Submitted: _____
Approved

Tara Lamb
MPA Career Services Coordinator