

GS 296 Specialized Internship
(include On-Site Supervisor information below)

Name _____ PeopleSoft EMPLID _____

Campus _____ BGS Focus Title (if applicable) _____

Session: Fall Spring Summer I Summer 2 Year: 200__

Proposed Title _____

Number of Credits _____

Proposed Project Synopsis _____

Course Requirements (readings, artistic production, writing, experiment, etc.) _____

Method of evaluation (paper, artistic product, length of paper, criteria of evaluation) _____

On-Site Supervisor Information:

Name/Title	
Organization	
Address	
Phone	

Faculty Supervisor (please print): _____ Dept. _____

APPROVALS

Faculty _____ Date _____

Advisor _____ Date _____

Director _____ Date _____

Internship approved for focus Yes No Initials _____