***Department of Urban and Public Affairs***
***Application for MPA Internship***

Student Name: _____

Student ID#: _____

Semester and Year: Choose One

Name of Organization or Agency: _____

Brief description of internship activities:

_____

_____

_____

Name of Faculty Supervisor (print) Choose One _____

Signature of Faculty Supervisor _____

Instructor's ID# _____

Approval of Director of MPA Program: _____

*Office use only:*

*Student registered on* _____ *(date)*

*Initials:* _____