SOUTHEAST MISSOURI STATE UNIVERSITY

APPROVAL SHEET FOR INTERNSHIP

My signature herewith is to effect that I agree to serve as chair for the internship committee for the student named below.

This form is to be accompanied by a brief and tentative description of the proposed internship including the supervising agency and the internship objectives.

This form may be signed by the second member as an indication of tentative approval of the internship. The appointed committee member and chairperson should withhold their signatures until all members of the committee and have agreed on the proposal.

COMMITTEE MEMBERS

1. __________________________________________
   (Signature, Committee Chair) (mm/dd/yy)

2. __________________________________________
   (Signature, Second Committee Chair) (mm/dd/yy)

3. __________________________________________
   (Signature, Third Committee Chair) (mm/dd/yy)
   (To be appointed by the Dean of Graduate Studies & Research)

____________________________________________
(Signature, Graduate Advisor) (mm/dd/yy)

Student’s Name: ____________________________________ E-mail Address:___________________

Current Address:______________________________________________

Supervising Agency: ____________________________________________

Objectives of Internship: ________________________________________(See attached)

Major Area: ________________________________________________

____________________________________________
(Student’s Signature) (mm/dd/yy)

Department Approval:

____________________________________________
(Signature, Department Chairperson) (mm/dd/yy)