

INTERNSHIP PROPOSAL FORM
Practical Application Only

Name _____ SID: _____

Semester _____ Telephone: _____ Email address _____

THIS FORM MUST BE COMPLETED BEFORE REGISTRATION OCCURS

493 _____ units
1 - 6

693 _____ units
1 - 6

• Description: _____

Approximate time to be spent on project: _____

Project to be completed by: _____
Month Day Year

How project is to be evaluated: _____

Signatures:

Student *Date*

Approved: Faculty Sponsor (please print last name) *Date*

Please return this form (with both signatures) to the Graduate Coordinator (in room 102).

Approved: Director of Graduate Studies *Date*

* Description must include: the nature of the work to be pursued, the manner of procedure, the facilities to be used at the University of Arizona and elsewhere, a schedule for the completion of reports, papers, projects, etc. 9-13