INTERNSHIP PROPOSAL FORM
Practical Application Only

Name ___________________________ SID: ___________________________

Semester ___________________ Telephone: ___________________ Email address __________________

THIS FORM MUST BE COMPLETED BEFORE REGISTRATION OCCURS

<table>
<thead>
<tr>
<th>493</th>
<th>units</th>
<th>693</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 6</td>
<td></td>
<td>1 - 6</td>
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</tbody>
</table>

• Description:


Approximate time to be spent on project: __________________


Project to be completed by: __________________


How project is to be evaluated:


Signatures:


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.