

digitalmedia

Internship Pre-Approval Form

Name: _____ GTID: _____ Date: _____

Sponsoring Organization: _____ Supervisor (Name): _____

Supervisor Title: _____ Supervisor E-Mail Address: _____

Supervisor Phone Number: _____

Period of Internship: _____ Rate of pay: _____

Proposed Scope of Work:

Student Signature

Date

Director of Graduate Studies Signature

Date