



**Middle Georgia
State University**

SCHOOL OF COMPUTING
Department of Information Technology

INTERNSHIP APPLICATION AND APPROVAL FORM

This form is to be completed, submitted, and approved at least one week before the beginning of the semester.

STUDENT INFORMATION		
NAME:		ID NUMBER:
PHONE NUMBER:		EMAIL ADDRESS:
FOR SEMESTER:		
PROPOSED STARTING DATE OF INTERNSHIP (DD/MM/YY):		PROPOSED COMPLETION DATE OF INTERNSHIP (DD/MM/YY):
SUPERVISOR DETAILS		
ORGANIZATION'S NAME:		NAME:
JOB TITLE:		DEPARTMENT:
PHONE NUMBER:		FAX NUMBER:
EMAIL ADDRESS:		
FACULTY SPONSOR DETAILS		
NAME:		OFFICE:
PHONE NUMBER:		EMAIL ADDRESS:
DOCUMENTS ATTACHED		
STUDENT'S RESUME	INTERNSHIP PROPOSAL	INTERNSHIP AGREEMENT
APPROVALS AND SIGNATURES		
I agree to represent Middle Georgia State University's Department of Information Technology in an exemplary, professional manner and to guard all business information I am exposed to with the highest degree of confidentiality. I have read the Internship Handbook and the syllabus for ITEC 4701 - Internship in Information Technology and will comply with the course requirements.		
STUDENT SIGNATURE		DATE

I agree to sponsor this internship. This internship has been approved for appropriateness to receive academic credit in ITEC 4701 – Internship in Information Technology.

FACULTY SIGNATURE

DATE

DEPARTMENT CHAIR

DATE