

Request for Student Internship at EGSC

Date: _____

Name of EGSC Unit: _____

EGSC Student Intern Supervisor: _____

Dates of Student Internship: _____

Student Internship Duties: _____

Student Internship Assigned Location (office #, area, etc.) _____

Contact person at student's institution: _____

Telephone / email address: _____

Name of Academic Course for which Credit Proposed: _____

Credit Hours: _____

Attach:

Student Internship Application and supporting documents from student's institution

Criminal Background Check and Minors on Campus Training Certification from Student's Academic Advisor

Check here if EGSC needs to conduct _____ CBC _____ MOC Training

_____ MOU with student's institution / department is in place _____ yes (attach) _____ no

_____ Waiver (Legal Affairs will prepare after approval)

Send Request form and all documentation to:

Vice President for Academic and Student Affairs

Signature Date

Approved / Denied _____

Legal Counsel

Signature Date

Approved/Denied _____

Director of Human Resources

Signature Date

Approved/Denied _____