

EHS Undergraduate Internship Approval Form

NAME _____

SOCIAL SECURITY NUMBER _____

E-MAIL ADDRESS _____

MYUGA EMAIL ADDRESS (if different) _____

HOW MANY HOURS DO YOU PLAN TO ENROLL FOR THIS INTERNSHIP? **9 hours 6 hours 3 hours**
(circle appropriate number)

Please check semester ___ **Spring** ___ **Summer** ___ **Fall**

Signature of Internship Coordinator

GPA _____