



**Environmental Health Science**

*College of Public Health*

**UNIVERSITY OF GEORGIA**

## **Undergraduate Internship Approval Form EHS**

NAME \_\_\_\_\_

STUDENT ID \_\_\_\_\_

MYUGA EMAIL ADDRESS \_\_\_\_\_

INTERNSHIP CREDIT HOURS

Please check semester \_\_\_\_\_ **Spring** \_\_\_\_\_ **Summer** \_\_\_\_\_ **Fall**

**EHSC3060** \_\_\_\_\_

\_\_\_\_\_  
Signature of Internship Coordinator

Date\_\_\_\_\_

GPA \_\_\_\_\_