

Internship Cover Sheet

Please complete and return to the MPA Internship Coordinator prior to leaving campus for your internship:

Name: _____ Semester/Year: _____

Faculty Internship Advisor: _____

Agency Internship Supervisor: _____

Supervisor's Title: _____

Internship Organization: _____

Address: _____

Work telephone: _____

FAX: _____

E-mail: _____

Home address while on internship:

Home telephone: _____

E-mail: _____

----- For Office Use -----

Cover sheet received: _____ (Date)

Agency letter and guide sent: _____ (Date)