

**Certificate in Public Policy Analysis and Program Evaluation
University of Nebraska-Lincoln**

INTERNSHIP APPROVAL FORM

Intern's name: _____ Date: _____

Phone: _____ Email: _____

Supervisor's name: _____

Supervisor's title: _____

Supervisor's email: _____

Organization/Agency: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Project Description:

Please attach a sheet with a specific description of your internship and a short description of the sponsoring organization/agency.

Dates of internship: _____

Semester enrolled in 3 hours of internship credit: _____

Will you be receiving a stipend or salary from your internship sponsor? _____

SUPERVISOR APPROVAL: I have read the attached internship description and approve it. I agree to the dates of the internship. I agree to complete a short evaluation of the student at the end of the internship.

Internship supervisor's signature: _____ Date: _____

PPAC Coordinator's approval: _____ Date: _____