UNDERGRADUATE INTERNSHIP FORM
ENVIRONMENTAL STUDIES PROGRAM

STUDENT NAME_________________________________________ ID#___________________________

Last        First

TELEPHONE #_________________________________________ E-MAIL ADDRESS_________________________________________

TERM__________________________  20____  CRN__________________________

COURSE #__ENVS 404 INTERNSHIP___ CREDITS_________

TITLE FOR TRANSCRIPT (max 2 words): __________________________________________________________

ON-SITE SUPERVISOR NAME: ___________________ SUPERVISOR PHONE #: __________________

APPROVAL BY ENVS INTERNSHIP COORDINATOR: __________________________________________

RETURN TO THE ENVS OFFICE IN 144 COLUMBIA
FOLLOWING AUTHORIZATION BY THE ENVS PROGRAM,
IT IS YOUR RESPONSIBILITY TO REGISTER THROUGH DUCKWEB.