

INTERNSHIP APPLICATION

Department of History

EMORY UNIVERSITY

This application form is to be returned to the History Department's Director of Undergraduate Studies, who must approve all enrollments in the internship program. Please attach a brief project proposal to this form.

Name: _____

Address: _____

Phone number: _____

Class year: _____ Cumulative GPA: _____ Major GPA: _____

Semester applying for: _____

Sponsoring organization: _____

Supervisor: _____

Address: _____

Phone number: _____

Please list all history classes you will have completed by the time of the proposed internship which you feel are relevant preparation for this project.

1 _____ 2 _____ 3 _____

◆—————◆
I attest that all of the above is accurate, and that I understand and will fulfill the requirements for this internship.

Student's Signature: _____ Date: _____

Approval of supervisor at sponsoring organization:

Signature: _____ Date: _____

Approved by the Director of Undergraduate Studies:

Signature: _____ Date: _____