# Internship Approval Form Winter 2019

This completed form must be returned to Dr. Kimmerly Piper-Aiken, Wayne State University,

565 Manoogian Hall by early January. Keep a copy of everything you submit for your own records. You may scan and email a copy or leave it in her faculty mailbox.

Student Name:

Major:

Who your internship is for:

WSU BANNER ID # (9 digits)

Student Home Address:

City/State/Zip:

E-mail addresses:

Student Phone Number:

Where are you Interning:

Arranged Internship Work Hours**:** # of credits

Dates of Assignment (start and end date):

Is this a paid or unpaid internship?

If paid, what terms have been negotiated?

Internship Job Responsibilities: Be As Specific As Possible

1)

2)

3)

4)

5)

Additional Comments: (You may attach another sheet.)

Student Intern's Signature Date

Intern Supervisor's Signature Date

Intern Supervisor (Print Name), Phone # and e-mail address

Dr. Kimmerly Piper-Aiken Date

Internship Coordinator, Wayne State University

517-862-7417 [kpiperaiken@wayne.edu](mailto:kpiperaiken@wayne.edu)