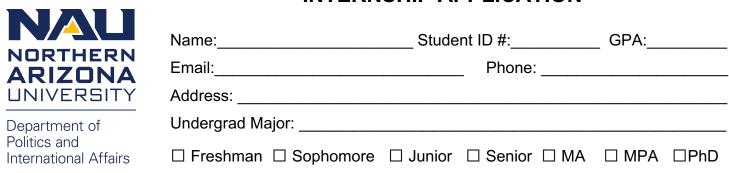
INTERNSHIP APPLICATION



Address: ____ ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ MA ☐ MPA ☐ PhD Course credit and registration request: (Pass/Fail only) ☐ POS 408 ☐ POS 608 Seq. Credit Hours (1-12) Semester Year Internship host site_____ Supervisor name/title _____ Supervisor email_____ Phone_____ Duration of Internship: start _____ end ____ Approximate hours per week: _____ Student's signature acknowledges that they agree to abide by the terms set forth by the sponsoring faculty member in order to receive course credit, have read and understand the internship participation agreement, and will obtain the appropriate signatures from site host in accordance with NAU's Affiliation Agreement. Student Signature: ____ Date: ____ Please answer the following to be considered for internship credit. Brief description of internship duties and how they relate to your political science degree Brief description of your learning objectives and how the internship will help further those goals