

## Graduate Internship Experience Organization Approval Form

*We are thrilled that you are interested in hosting a Laney Graduate School student at your organization. Please tell us about the opportunity by completing the form below and returning it to: LGS.profdev@emory.edu.*

**Organization:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Internship Area of Focus (check all that apply):**

Research       Outreach/Education       Marketing       Technology

Communications       Grant Writing/Administration       Development

Other (please describe): \_\_\_\_\_

**Time Period of Internship:** \_\_\_\_\_

**Planned Work Schedule:** \_\_\_\_\_

**Overview of Anticipated Responsibilities/Duties:** \_\_\_\_\_

**Intern Supervisor Contact Information:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_