



GRAD 705: Graduate Internship Experience Organizational 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. This form may be filled electronically.

Organization:

Position Title:

Student Name:

Internship Area(s) of Focus (please check all that apply):

Research

Outreach/Education

Marketing

Technology

Communications

Grant Writing/Administration

Development

Other (please describe): _____

Time Period of Internship:

Year _____

Semester:

Fall

Spring

Summer

Planned Work Schedule (e.g. how many hours per week?):

Brief description of anticipated responsibilities and duties:

Internship supervisor contact information

Name:

Title:

Email:

Phone number:

Signature of supervisor:

Date: