

**UNC Wilmington – GRADUATE SCHOOL
REQUEST FOR APPROVAL OF AGENCY
FOR PLACEMENT OF INTERNS**

Agency: _____
Address: _____

Telephone: _____ FAX: _____

Business, Services, or Responsibilities of Agency (attach additional information if necessary):

List Specific Opportunities or Experiences that will be provided for the Intern (attach additional information if necessary):

List the Names of Agency Individuals who may Serve as Internship Supervisors and attach resume(s):

Agency Requires Liability Insurance: ____ Yes, ____ No
Student Coverage Obtained? ____ Yes, ____ No, Amount _____
Carrier:

Signature, Department Chair

Signature, Agency

Graduate Dean

Approval Date _____ Expiration Date _____ Not Approved _____