Internship Approval Questionnaire

Please return this form and attached essays via hard copy to Dr. Carl Jensen for approval prior to submitting your internship applications.

One form must be completed for each internship to which you plan on applying. If you have not received approval, you will not get credit for your internship. No exceptions.

Please answer the following questions in essay form.

1. Please give the name of the agency/organization and title of internship for which you are applying. Please describe the internship, the agency and its function. (1000 characters)

2. Please explain in detail what your daily activities will entail based on the information that you have been given by the agency/organization. How will your knowledge, skills, and abilities benefit this organization? (1000 characters)

3. Please explain how this internship relates to analytics. How will you be able to use the skills you have learned at this internship? (1000 characters)
Internship Approval Form

Once you have been approved, please have this form filled out and signed by Dr. Carl Jensen. Please turn in to Christy Babb.

______________________________________ will be applying for the following internships per approval:

(Name of Student)

1. ___________________________________________________________________________

2. ___________________________________________________________________________

3. ___________________________________________________________________________

4. ___________________________________________________________________________

5. ___________________________________________________________________________

________________________________________ Date____________________

Dr. Carl Jensen