

Troy University
Department of History
Internship Request Form

Must be submitted before pre-registration of internship.

Student's name: _____

Address: _____

Phone: _____ I.D. Number: _____

University E-mail: _____ Semester: _____

Year: _____ Course: HIS 4499

Agency's Name: _____

Agency's Address: _____

City: _____ State: _____ Zip: _____

Agency Phone: _____

Agency Supervisor: _____

Brief Description of Internship Duties: _____

I formally request to complete my internship with the above named agency. I fully understand the requirements for this internship and accept the responsibility set forth in the requirements.

Intern: Type name in lieu of a signature if emailing and send to smerriman@troy.edu.

Student Signature _____ Student ID # _____

Proposed start date _____

Proposed end date _____

Troy University
Department of History
Agency Internship Agreement Form
Troy University

Must be submitted before beginning internship.

Agency: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

The above named agency has agreed to accept _____ a student from the History Department at Troy University, for internship placement.

Semester: _____ Agency requests intern to complete _____ hours.

Agreed upon Beginning Date: _____ Agreed upon Completion Date: _____

The internship site supervisor agrees to accept the student listed as an intern and work with both the student and the professor of record according to the Troy University History Department Internship Guidelines posted online.

The specifics of the internship will be established in a memo of understanding to follow.

Internship Experience: __Unpaid __Paid (If paid) Amount: _____

Agency Supervisor: Please sign if faxing. Type name in lieu of signature if emailing. Fax: 334-670-3515 or email to smerriman@troy.edu

Agency Supervisor _____
