

**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: Please sign if delivering hard copy. Type name in lieu of a signature if emailing and send to [machelledanner@troy.edu](mailto:machelledanner@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 or mailing hard copy. Type name in lieu of signature if emailing.  
Fax: 334-670-3515 or email to [machelledanner@troy.edu](mailto:machelledanner@troy.edu)

Agency Supervisor \_\_\_\_\_

\_\_\_\_\_

TROY CAMPUS students return form to:

Machelle Danner  
Department of History  
221 Patterson Hall  
Troy University  
Troy, AL 36082