

UNIVERSITY OF NORTH CAROLINA WILMINGTON

**REQUEST FOR APPROVAL OF AGENCY
FOR PLACEMENT OF INTERNS**

Agency Name

Address

Telephone

Fax

Email

Business, Services, or Responsibilities of Agency

List Specific Opportunities or Experiences that will be Provided for the Intern

List the Names of Agency Individuals Who May Serve as Internship Supervisors

Attach Credentials (current resume or corporate bio including education) for each individual listed.

Signature, Dept. Chair _____

Signature, Dean _____

Approval Date _____ Expiration Date _____ Not Approved _____