

MGPS Internship Approval Request Form

(Excludes DC Concentration)

To request internship approval, submit the completed request form with an internship offer letter (and a proposed plan of study, if for academic credit), to the Career Management Office.

Internship requests are reviewed and approved by the MGPS Graduate Advisor.

Name: _____ UTEID: _____

Email: _____ Phone: _____

Dual Degree? No Yes If yes, specify program: _____

LBJ School Enrollment Date: _____ Anticipated Graduation Date: _____

Internship to be completed in the (pick one): Summer Fall Spring semester for:

Administrative credit only (registration not required)

Optional:

Additional Internship Option: PA 396G enrollment for academic credit.

***Academic credit on the (circle one) GRADE / NO GRADE basis** in the _____ semester of _____ year (may only be applied towards *ELECTIVE* requirements).

***Academic credit on the LETTER GRADE basis** in the _____ semester of _____ year (with approval of the Faculty Specialization Coordinator, may be applied towards *SPECIALIZATION* requirements).

Print name of supervising faculty member (if for academic credit): _____

Signature of supervising faculty member (if for academic credit): _____

*** If completing the internship for academic credit, attach a proposal that describes the academic plan of study including topic, product(s) and planned work schedule.**

Internship Requirement

Internship contains international component: Yes No

Hours of work per week: _____ No. of weeks: _____ (400-hour minimum required)

Graduate Admissions Program Coordinator Initial: _____ Requirements Met: Yes No Date: _____

Internship Information: Provide complete and accurate internship information.

Agency or organization: _____

Agency/organization address: _____

Is the internship placement located outside of the United States? Yes No

Geographical location of internship placement (City, State, Country): _____

Supervisor's name and title: _____

Supervisor's phone and email: _____

Internship beginning and end dates: _____

Position title: _____

Briefly describe the content of the work: _____

Total salary/stipend provided by agency/organization for internship: _____

Please note any internship funding/support you will receive: _____

Is your internship in the **Public** **Private** **For Profit** **Non-Profit sector?**

Please tell us how you found this internship placement:

LBJCareers database and/or consultation with the Career Management Office

Referred by an outside professional contact or professional network

Referred by an LBJ School faculty/staff member _____

Referred by a current LBJ School student _____

Referred by an alum of the LBJ School _____

Other: _____

Student Agreement (please initial each line after reading):

_____ The proposed internship placement meets LBJ School internship criteria, including a minimum of 400 hours in an international policy related placement.

_____ I understand that, to be eligible for an LBJ School unpaid internship funding award, my proposed internship placement must meet the LBJ School internship criteria and be pre-approved by the MGPS Graduate Advisor *prior* to starting the internship.

_____ I understand that if my internship changes, I must submit a new approval request form and complete the approval process *prior* to beginning a new internship. Failure to do so may result in no credit.

_____ I understand that if I receive an LBJ School internship and should I switch to a paid internship placement after having received an unpaid internship award from the LBJ School (for a proposed unpaid internship placement), I will be required to reimburse the LBJ School for the full award amount prior to graduating. Further, I understand and agree that my failure to do so may result in a non-financial administrative bar on my student record and this bar may not be lifted until the reimbursement is made.

_____ I understand that I am responsible for ensuring that both the student internship evaluation and the agency internship evaluation are submitted within two weeks upon completion of my internship.

My signature below indicates that I agree to all of the items listed above and I understand that if I do not meet all of the criteria, my internship will not count towards the internship requirement stipulated for graduation.

Student signature: _____ **Date:** _____

Internal Office Use Only

GAPC Verified Application is complete initial: _____ **Date:** _____

MGPS Graduate Advisor: Internship Request Approved _____ **Internship Request Denied:** _____

Comments: _____

MGPS Graduate Advisor signature: _____ **Date:** _____

Career Management Office signature: _____ **Date:** _____

Date emailed to student: _____ **Initial:** _____