

MPAff Internship Approval Request Form

(Excludes DC Concentration)

To request internship approval, submit the completed request form with an internship offer letter to the Career Management Office.

Internship requests are reviewed and approved by the MPAff 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** Year: _____

_____ **Administrative Credit** (registration not required) **OR**

_____ **Academic Credit** - PA 396K enrollment (*may only be applied towards ELECTIVE requirements*)

List core courses completed with course grade. Indicate "CC" for current courses in progress:

Core Courses (required internship pre-requisites):

PA 397 – Introduction to Empirical Methods for Policy Analysis _____

PA 391 – Public Financial Management _____

PA 393K – Applied Microeconomics for Policy Analysis _____

PA 680 PA – Policy Research Project, Part A _____

PA 680 PB – Policy Research Project, Part B _____

Flexible-Core Courses (a minimum of one must be completed to satisfy internship pre-requisites):

PA 383C – Policy Development _____ PA 393L – Advanced Policy Economics _____

PA 384C – Public Management _____ PA 397C – Advanced Empirical Methods _____

Internship Requirements:

Overall GPA: _____ (Minimum GPA of 3.0)

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

Graduate Admissions Program Coordinator Initial: _____ Pre-Req Met: Yes No Date: _____

Internship Information: Please 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 name and title: _____

Supervisor phone and e-mail: _____

Internship beginning and ending dates: _____

Position title: _____

Briefly describe the content of the work: *(Attach separate sheet if necessary.)* _____

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

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

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

Does the internship contain an international component? Yes No

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 a 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 MPAff 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:** _____

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

Comments: _____

MPAff Graduate Advisor signature: _____ **Date:** _____

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

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