APPLICATION FOR ELECTIVE INTERNSHIP

CCAS Undergraduate Studies Office
801 22nd St, NW
Phillips Hall 107
Washington, DC 20052
Email: ccas2154@gwu.edu Phone: (202) 994-6211 Fax: (202) 994-6213

Name: ___________________________________________ GWid: ________
Last Name                      First Name              M.I.

Daytime Phone: ___________________________ GW E-mail: ______________________@gwmail.gwu.edu

Semester and Year of Internship (i.e. Fall 2017) ______________________________

<table>
<thead>
<tr>
<th>Location of Internship</th>
<th>Credits Sought</th>
<th>Minimum Hours at Internship</th>
<th>Minimum Pages of Research Paper</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>□ 1 6 hours per week</td>
<td>8 – 10 pages</td>
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<tr>
<td></td>
<td>□ 2 10 hours per week</td>
<td>12 – 15 pages</td>
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<td></td>
<td>□ 3 15 hours per week</td>
<td>16 – 20 pages</td>
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Name and address of the organization

Name and title of the Internship Supervisor

Name and department of the Faculty Advisor

Details of Internship: [Please type responses to questions 1-6 on a separate sheet of paper]

1. What tentative topics/proposals do you have for your research paper?
2. What books, articles, publications, etc. will you read relevant to your internship?
3. How often will you meet with your Faculty Advisor? (Scheduled meeting dates are required)
4. Discuss the nature of your internship and describe your specific responsibilities. Provide as much detail as possible.
5. How does this internship complement your academic studies at George Washington University?
6. What are your specific learning objectives for this internship and in what ways will this experience allow you to accomplish those objectives?

Department and Internship Site Approval

I have met with my faculty advisor and internship supervisor and discussed possible research paper topics and readings relevant to my internship. We have also reviewed the terms of this Learning Contract and understand the academic requirements to receive credit for CCAS 2154.

Student Signature: ___________________________ Date: ________________

Faculty Signature: ___________________________ Date: ________________

GW E-mail: ______________________@gwu.edu Phone: ___________________________

Supervisor Signature: ______________________________ Date: ________________

E-mail: ___________________________ Phone: ___________________________