

**HOFSTRA UNIVERSITY DEPARTMENT OF GLOBAL
STUDIES AND GEOGRAPHY INTERNSHIP APPROVAL
FORM**

STUDENT NAME: _____ STUDENT ID# 70_- _____

E-Mail: _____

COURSE: _____ SEMESTER: _____

CREDIT HOURS: _____ s.h.

DEPARTMENT SUPERVISOR: _____

SIGNATURE _____ DATE: _____

NAME OF ORGANIZATION/COMPANY:

ADDRESS:

NAME OF INTERN'S IMMEDIATE SUPERVISOR: _____

TITLE/POSITION: _____

PHONE NUMBER: _____ EMAIL _____

DURATION OF THE INTERNSHIP: _____ TO: _____

TOTAL NUMBER OF HOURS PER WEEK: _____

CHAIR'S APPROVAL _____

DATE: _____

FORM TO BE RETURNED TO THE DEPARTMENT OF GLOBAL STUDIES AND GEOGRAPHY

209K ROOSEVELT HALL

130 Hofstra University, Hempstead NY 11549

Phone (516) 463-5826, Fax (516) 463-6968

E-mail: gsgeog@hofstra.edu