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

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E-mail: gsgeog@hofstra.edu