

Department of Urban Planning

Internship Registration

Return it to the department office when complete or email to crhine@bsu.edu

| Name of Intern: | |
|--|----------------------------------|
| Agency: | |
| Supervisor: | Title: |
| Address: | |
| City/State: | Zip Code: |
| Phone: Ext. | Email: |
| TYPE OF AGENCY: | |
| A. Public Planning Agency: Reg | gional County City Other |
| B. Private Consulting Firm: Reg | ional County City Other |
| C. Community Based Corporation | on |
| D. Private Land Developer | |
| E. Other (Please specify) | |
| Number of Employees: | |
| WORK EXPECTATIONS: | |
| Intern is expected to work | hours per week for weeks. |
| (The departmental requirement is 200 hor | urs of work.) |
| What will the intern learn? | |
| | |
| In what areas will the intern be expect | ed to exercise responsibilities? |
| | |
| Will the intern have appropriate super | vision and staff assistance? |