BALL STATE UNIVERSITY

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: Regional_____ County _____ City _____ Other _____

_____ B. Private Consulting Firm: Regional _____ County _____ City _____ Other _____

_____ C. Community Based Corporation

_____ 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 hours of work.)

What will the intern learn?

_____

_____

In what areas will the intern be expected to exercise responsibilities?

_____

_____

Will the intern have appropriate supervision and staff assistance? _____

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