

APPROVAL FORM FOR INTERNSHIP
UCLA ENVIRONMENTAL SCIENCE & ENGINEERING PROGRAM

Name of Student _____

Last

First

Middle

Student I.D. Number _____

Name of Participating Institution _____

Address _____

City _____ State _____ Zip _____

Name of Responsible Party _____ Title _____

Telephone No. _____ Brief Description of Intern's

Position and Responsibilities:

Inclusive Dates of Internship _____ to _____

Approval and Acceptance of Terms and Conditions of Internship per Guidelines and Policies
(attached):

Student Signature

Date

For the University:

For Participating Institution:

Chair, Doctoral Committee

Responsible Party

Date

Date

Director, ES&E Program

Date