

Student Information

Full Name _____

ASU Affiliate ID _____

Home Phone _____ Alternate Phone _____

Degree Program _____

Course Requested **URB 484** **PAF 484** **PAF 584** **(circle one)**

of Credits _____ Semester and Year _____

Hours per Week _____ Start/End (Effective Date) _____

Does this position require fingerprinting and/or background check? Yes _____ No _____

Provide a brief description (2 sentences) stating your learning objectives for this course and the work activities or projects that you will complete during your internship to achieve these goals.

Student Signature: _____

Employer Information

Site/Organization Name: _____

Site Supervisor Name: _____

Site Supervisor Title: _____

Supervisor Department: _____

Site Address: _____

Site Supervisor Phone: _____ Supervisor Email: _____

Supervisor Signature: _____

Department Use Only

Affiliation Agreement on File: Yes _____ No _____

Notes: _____
