

**Department of Urban and Regional Planning
School of Architecture and Planning**

PD 496 PROPOSAL FOR INTERNSHIP

Faculty Supervisor: _____

Student: _____

UB Person Number: _____

Semester: _____

Student should complete this form for the proposed Internship Project describing it in detail. The faculty supervisor must approve the project. Return the form to the Department office for the Chair's approval. If necessary attach additional pages. **(THIS FORM MUST BE TYPED)**

AGENCY:

DESCRIPTION: (Include nature of internship activities, number of days/hours per week, and intended duration)

ON-SITE SUPERVISOR: (name, contact information)

RELATIONSHIP TO ACADEMIC PROGRAM AND CAREER PLANS:

WORK PRODUCT(S) TO BE EVALUATED; DATE PRODUCTS WILL BE SUBMITTED:

Number of Credits: _____

Student's Signature: _____

Instructor's Signature: _____

Chair's Signature: _____