



Student Name:

Agency Name:

Agency Address:

City:

State:

ZIP:

Proposed Internship Dates:

From:

To:

Proposed Hours Per Week:

Proposed Compensation: \$

per

Supervisor Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone:

Proposed internship scope and work assignments:

Relevance of work to planning, policy, development, or urban studies:

The agency agrees to provide the internship and supervision outlined above and to complete the Agency Internship Evaluation Form and return it to the department at the end of the internship.

Agency Signature:

Date:

Please return to University of Illinois at Urbana-Champaign, Department of Urban and Regional Planning.

Program Director

Approval:

Date: