UNDERGRADUATE INTERNSHIP FORM
ENVIRONMENTAL STUDIES PROGRAM

STUDENT NAME ___________________________________________ ID# ____________________
  Last    First

TELEPHONE #________________________ E-MAIL ADDRESS ___________________________ @uoregon.edu

TERM_________________________  20____ CRN____________

COURSE # ___________________ CREDITS _________

INTERNSHIP TITLE (max 2 words): __________________________________________

ON-SITE SUPERVISOR NAME: ____________________________ PHONE #: __________________

APPROVAL BY ENVS INTERNSHIP COORDINATOR: ________________________________

PLEASE NOTE: RETURN TO THE ENVS OFFICE, 144 COLUMBIA FOLLOWING AUTHORIZATION BY THE ENVS PROGRAM, IT IS YOUR RESPONSIBILITY TO REGISTER THROUGH DUCKWEB.

PLEASE SUBMIT THIS FORM BY WEDNESDAY OF WEEK 1 OF THE TERM YOU INTEND TO REGISTER FOR INTERNSHIP CREDITS