



## INDEPENDENT INTERNSHIP APPROVAL FORM

### STUDENT INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Semester Applying: \_\_\_\_\_  
(Last) (First) (MI)

Area of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

### COMPANY/ORGANIZATION INFORMATION:

Name of Company/Organization sponsoring internship: \_\_\_\_\_

Company/Organization URL: \_\_\_\_\_

Description of Company/Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Internship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internship Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Internship Schedule (Days & Times): \_\_\_\_\_

Is this internship part of an official internship program?  Yes  No

Is this a paid internship?  Yes  No

If yes, how much does the internship pay? \_\_\_\_\_

### INTERNSHIP SUPERVISOR INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Within Company/Organization: \_\_\_\_\_

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WITS/MAALOT Advisor Signature: \_\_\_\_\_

*Please submit one copy of this form to the office at [info@wits.edu](mailto:info@wits.edu) and email one copy to [cshabes@wits.edu](mailto:cshabes@wits.edu).*