



INDEPENDENT INTERNSHIP APPROVAL FORM

STUDENT INFORMATION:

Name: _____ Date: _____ Cell Phone # _____
(Last) (First) (MI)

Area of Study: _____ Advisor: _____

Semester Applying: _____ Intended Date of Graduation: _____

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 and email one copy to rbetesh@wits.edu.