PLEASE COMPLETELY READ AND FOLLOW THESE INSTRUCTIONS AND FILL OUT ALL SECTIONS OF THE ATTACHED FORM.
YOU WILL THEN RECEIVE PERMISSION FOR ENROLLMENT.

PSC 793 1-3 credits
Internship Program in Political Science

Graduate students have a work assignment in an executive, legislative, or judicial setting, political party, or interest group institution at the national, state or local governmental level and make regular reports on work activities and assigned readings. Substantial written work required. May be repeated to a maximum of six credits with consent of instructor.

Political Science Department Internship form must be completed by the student and approved by the internship coordinator and the chair within the normal registration period before permission is provided for enrollment. A copy of this signed form must be submitted to the student, internship faculty member, and department office.

The Internship coordinator (Dr John Tuman john.tuman@unlv.edu) in conjunction with the Graduate coordinator (Dr David Damore david.damore@unlv.edu) will communicate periodically with your supervisor and document your progress.

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COURSE REQUIREMENTS

1. Hours of internship (60 hours on-site per credit hour; example – work 12 hours per week for 15 weeks for 3 academic credits)
2. Keep a log and use it to write a ten page report on your internship duties at the end of the semester
3. A five page book report related to your internship
4. A letter from your on-site internship supervisor indicating that you have successfully completed your assigned hours and duties
Student’s Name: _________________________________________________________

Date: ________   NSHE ID: ____________   Telephone No: ________________

Cell Phone: ______________   Rebel Mail: ______________________________

Personal E-Mail: ___________________________

Degree Program: _________________________________  □ Admitted  □ Non-Admitted

SEMESTER   □ Spring   □ Summer    □ Fall   20____

CREDITS: ______  HOURS: ______

PSC 793 – Internship Program in Political Science

Interning students must submit one copy of all assignments to the Internship Coordinator, Dr John Tuman, no later than one week prior to the completion of the semester:

1. A ten page report on your internship duties
2. A five page book report related to your internship
3. A letter from your internship on site supervisor indicating that you have successfully completed your assigned hours and duties
PLEASE COMPLETELY FILL OUT ALL SECTIONS OF THIS FORM
YOU WILL THEN RECEIVE PERMISSION FOR ENROLLMENT

Interning Institution/Office: ____________________ Phone Number: _____________________

Scope and Nature of Duties:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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SIGNATURES: Must be signed before permission is provided for enrollment

Date: ____________ Student: ________________________________________________________________
Date: ____________ Supervisor, Interning Institution/Office: _______________________________________
Date: ____________ Internship Coordinator: _____________________________________________________
Date: ____________ Graduate Coordinator: _____________________________________________________

Copies: Department Office; Internship Coordinator; Student