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 (bring form to the main office, WRI B227, for the department chair signature) 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.

*******************************************************************************************************************************

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
PLEASE FILL OUT ALL SECTIONS OF THIS FORM
YOU WILL THEN RECEIVE PERMISSION FOR ENROLLMENT

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:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

SIGNATURES: Must be signed before permission is provided for enrollment

Date: ____________ Student: ________________________________________________________________

Date: ____________ Supervisor, Interning Institution/Office: ____________________________ Print Signature

Date: ____________ Internship Coordinator: _______________________________________________

Date: ____________ Graduate Coordinator: _______________________________________________

Copies: Department Office; Internship Coordinator; Student