



McGill

APPLICATION FOR INTERNSHIP

POLI 599

TERM: _____

INSTRUCTIONS

Please complete this form in consultation with the Professor who has agreed to be your supervisor. Then have it signed by the Director of Graduate Studies. Bring the signed copy to the Administrative Officer of the Department who will remove the restriction on MINERVA to permit you to register for the course.

STUDENT NAME: _____

NUMBER: _____

EMAIL ADDRESS: _____

PROGRAM: _____

ACADEMIC SUPERVISOR'S NAME: _____

SIGNATURE: _____

DEPARTMENTAL INTERNSHIP ADVISOR'S NAME: _____

SIGNATURE: _____

INTERNSHIP PLACEMENT: _____

NON-ACADEMIC SUPERVISOR: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

I. ACADEMIC GOALS (e.g. skills to hone, subjects to be explored, etc.):

II. SPECIFIC RESPONSIBILITIES (e.g. tasks within the organization, hours of work, etc.):

ACADEMIC SUPERVISOR'S SIGNATURE

DEPARTMENTAL INTERNSHIP ADVISOR'S SIGNATURE

DATE

DATE

Graduate Program Director's Signature

DATE