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| M.A. Internship Approval |  |

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| Student Name |  |
| USF ID |  |
| Pathway |  |

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| Proposal Title |  |

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| Major Professor’s Name |  |
| Major Professor’s Signature |  | Date |  |

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| Committee member’s Name |  |
| Committee member’s Signature |  | Date |  |

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| Committee member’s Name |  |
| Committee member’s Signature |  | Date |  |

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| Committee member’s Name |  |
| Committee member’s Signature |  | Date |  |

Please attach copy of internship proposal

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| \*Only for Internship or Internship-based Research PathwaysWhen this form is complete, please return it to the Graduate Program Staff by email or drop it off in the Anthropology Dept. SOC 100  |