

**Health: Science, Society and Policy
Internship Approval Form**

Student Information

Name: _____

Brandeis Mailbox/Local address: _____

Brandeis extension/Local phone: _____

Summer Address: _____

Summer Phone: _____

Supervisor Information

Name: _____

Title: _____

Phone: _____

Email: _____

Address: _____

Internship Site: _____

Expected dates of internship: _____

Expected hours per week: _____

Brief description of organization (mission, projects, size):

Brief description of expected intern activities:

Semester enrolled in HSSP 89a: _____

Approved by: _____