

UME INTERNSHIP APPROVAL FORM

Name:

ID:

Email:

Grad Date/Major:

Organization Name:

Is the organization a For Profit entity?

Yes

No

Non-profit?

Yes

No

Address:

Supervisor Name:

Title:

Tel:

Email:

Description of Organization/Mission of the Organization:

Project and Deliverables (What will you be working on/who will you be working with/what outputs do you anticipate):

Please submit completed forms to ume@anderson.ucla.edu and cc Janel Munguia at munguia@english.ucla.edu