

OFFER OF INTERNSHIP (FORM ONE)

Internship Courses: UP 390 and UP 590

Department of Urban and Regional Planning

University of Illinois at Urbana-Champaign

This form is to be completed by the Agency’s professional planning staff member who will supervise the student intern. It should be delivered as soon as possible to the BAUSP Program Director (UP 390) or MUP Program Director (UP 590).

- 1. Name of STUDENT _____
- 2. Name of AGENCY _____
Mailing Address _____
City, State, Zip Code _____
- 3. Proposed dates of internship: from _____ to _____
- 4. Proposed hours of work per week: _____
- 5. Approximate level of compensation: \$_____ per _____
- 6. Name of SUPERVISOR _____
Position of Supervisor _____
Telephone _____ Email _____
- 7. Work assignments proposed:

- 8. Opportunities to discuss planning and/or development problems with other planners or officials:

The agency agrees to provide the internship and supervision outlined above and to complete the AGENCY INTERNSHIP Evaluation FORM and return it to the Department at the end of the internship.

Signed by Agency Head

Date

Approved as meeting the criteria for an urban planning internship:

BAUSP or MUP Program Director

Date

Approved credit hours
(BAUSP students only)

Mail to: University of Illinois at Urbana-Champaign, Department of Urban & Regional Planning, 111 Temple Buell Hall, 611 Taft Drive, Champaign, IL 61820