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 mailed or delivered as soon as possible to the BAUP Coordinator (UP 390) or MUP Coordinator (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 Evaluation Form THREE 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:

_________________________________  ____________ ____________________
BAUP or MUP Coordinator  Date   Approved credit hours
(BAUP students only)

Mail: University of Illinois at Urbana-Champaign, Department of Urban and Regional Planning,
111 Temple Buell Hall, 611 Taft Drive, Champaign, IL 61820.
Fax: (217) 244-1717