

Assign Form done _____

Pre-Auth done _____

**UNDERGRADUATE INTERNSHIP FORM
ENVIRONMENTAL STUDIES PROGRAM**

STUDENT NAME _____ ID# _____
Last First

TELEPHONE # _____ E-MAIL ADDRESS _____ @uoregon.edu

TERM _____ 20____ CRN _____

COURSE # ENVS 404 INTERNSHIP CREDITS _____

INTERNSHIP TITLE (max 2 words): _____

ON-SITE SUPERVISOR NAME: _____ PHONE #: _____

APPROVAL BY ENVS INTERNSHIP COORDINATOR: _____

**PLEASE NOTE: RETURN TO THE ENVS OFFICE, 144 COLUMBIA
FOLLOWING AUTHORIZATION BY THE ENVS PROGRAM,
IT IS YOUR RESPONSIBILITY TO REGISTER THROUGH DUCKWEB.**

**PLEASE SUBMIT THIS FORM BY WEDNESDAY OF WEEK 1 OF THE TERM YOU
INTEND TO REGISTER FOR INTERNSHIP CREDITS**

