



Department of Student Affairs Administration
COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS

SAA 595 Internship Cover Sheet

Date: _____

Name: (Please Print): _____ B#: _____

Student Signature: _____ Date: _____

Phone: _____ Email: _____

Semester/year: Fall 20_____ Spring 20_____ Summer 20_____

Number of credits _____ (*Minimum is 3 credits*)

Title of Internship: _____

Internship Site: _____

Address: _____

State: _____ Zip Code: _____ Phone: _____

Approval by Site Supervisor: I have read the internship guidelines and attached proposal and agree to act as site supervisor for this internship.

Site supervisor's name: (Please Print): _____

Site supervisor's signature: _____ Date: _____

Site supervisor's email address: _____

Approval by Director of Internship Placement:

I have read the attached proposal and agree to act as director of internship placement for this internship.

Director of Internship Placement (Please Print): Margaret Gates

Director of Internship Placement signature: _____

Email address: gatesm@binghamton.edu Date: _____

Department of Student Affairs Administration

Campus Mail:

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3/3/2022