Internship Approval Form
Construction Management Department - Western Carolina University

Student Name: _____

Student ID# : _____ Semester: _____
(when you will register for CM 483)

Student Email: _____

Approved: Yes ☐ No ☐

Instructor Approval: _____

Date: _____

Employer Name: _____

Employer Contact: _____

Address: _____

Phone: _____

Employer Email: _____

Description of Work:

_____

_____

_____

_____

Internship Timeframe: _____

Work Schedule: _____