

**Valdosta State University
Public Administration Program**

**Statement of Acceptance
Internship Program**

Student Name:

Student ID:

Agency Name:

Address:

Supervisor:

Email:

Date of Acceptance:

Telephone:

Dates of Internship: From

to

Hours per Week:

Will this internship placement be in-service? ☐ Yes ☐ No

The above student has been accepted as an intern with this agency.

Contact Person

Date