

Department of Urban Planning, Ball State University

INTERNSHIP REGISTRATION

A.	Employ	er Information 10	r	(Name of Intern)	
Agency:					
Supervisor:		Title: _			
Address:					
•				Zip:	
	Ext	Fax:	en	nail	
Type of Agency:					
Public Planning Agency (Regional	,County,C	City,	Other)
Private Consulting Firm (Regional,	County,C	ity,	Other)
Community Based Corpo	ration; _	Private Land D	eveloper;		
Other [Please specify					
Number of Employees:					
В.	Work E	xpectations:			
Expected number of hours pe Number of weeks position av		n will work:			
Activities Intern will be involv*If possible estimate the percentage of t		each of the activities (1	hour=2.5%).		
Support Activities	_%	Research _	%	Field Work _	%
Graphics Development	%	Writing	%	Computer Applications	
Data Entry%		_ Meetings/Hearii	ng%	Other:	%
Are there specific tasks or pro	ojects that th	e intern is expecte	d to comple	ete?	
In what areas will the intern be responsibilities?					
Will the intern have appropria	nte supervisi	on and staff assist			