

**California State University Monterey Bay**  
**Department of Health, Human Services and Public Policy**  
**Masters in Public Policy**  
*Internship Proposal Cover Sheet*

**A. Student Information**

Name: \_\_\_\_\_ Student's ID Number \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**B. Internship Site Information**

Name of Proposed Internship Site (Agency/Organization/Program):  
\_\_\_\_\_

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Employer Address/Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is student already employed at this site?    Yes    No

Proposed Field Schedule (number of hours/week, start and end date, etc).  
\_\_\_\_\_  
\_\_\_\_\_

**C. Internship Proposal Information**

Please provide a packet of information that addresses all items contained in the Internship Policy under Section C. **Note:** Students in summer placements must submit their policy research project proposals along with the Internship Proposals.

**D. Approvals:**

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_  
                  STUDENT

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
                  AGENCY FIELD INSTRUCTOR

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
                  ACADEMIC ADVISOR/FACULTY

Or necessary revisions:  
\_\_\_\_\_