



TEXAS TECH UNIVERSITY

Department of Landscape Architecture

INTERNSHIP APPROVAL FORM (IAF)

Students must complete this form for prior approval to receive internship credit toward LARC 4000/5000 LA Internship course.

Internship Plan

Please check one: 6 month internship 3 month internship Research Experience

Participant Information

Name of Student: _____

Employer Firm: _____

Employer Address: _____

Employer Phone: _____

Employment Information:

Starting Date: _____ Ending Date: _____

Please check one: Full Time Part time Hrs./Week

Supervisor: _____

Licensed Practitioner and Type of Licensure: _____

Hours per week practitioner will oversee student: _____

Description of Duties:

Department Approval

Internship Advisor Signature

Date