

INTERNSHIP INTENT FORM

REAL ESTATE RISK MANAGEMENT AND INSURANCE

NAME _____
Last First Middle Name Called

STUDENT ID NUMBER _____ GRADUATION DATE _____

EMAIL ADDRESS _____ MAJOR _____

Local Street Address _____

City Zip Local Phone

Home Street Address _____

City State Zip Home Phone

If I accept a job from a lead generated through the University, I agree to enroll in REAL/RMIN 4800 for the appropriate semester.

I have read and understand all the internship guidelines as outlined on the web site www.terry.uga.edu/ilsre/internship. I understand that my supervisor will be contacted for feedback regarding my performance on the job and that this information will be considered in formulating my final grade for the REAL/RMIN 4800 course.

I also understand that by enrolling in REAL/RMIN 4800, I grant permission for my one-page internship summary, paper, and the photograph(s) I submit as part of the course requirements to be shared with future students through posting on a bulletin board, inclusion in a notebook or booklet, or any other means reasonably used by the ILSRE Department to promote the REAL and RMIN internships.

Student Signature _____ Date _____

**RETURN THE COMPLETED FORM AND ONE COPY OF YOUR RESUME TO:
Kathy Wilson, Academic Advisor, 297B Brooks Hall**