

**Department of Defense and Strategic Studies**

**Internship Application and Approval Form**

***Completed form is to be submitted to your academic advisor.***

***Form is required to be typed – no handwritten forms will be accepted.***

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| Name:  | M# | Semester for which DSS 720 is requested: |
| **Provide the following information about the proposed internship:** |
| Organization:  |  |
| Your duty title: |  |
| Your duty description: |  |
| Your **goals** for the internship: *What do you hope to learn or to understand better from the internship?* *What skills do you want to hone or acquire?* |  |
| I certify that, to the best of my knowledge, the foregoing information is correct.I understand that:* I must submit a 10-page paper that discusses:
* how my service as an intern and the work of the office in which I served connects to a broader understanding of defense and strategic studies (e.g., how what I did fits within U.S. defense, counterproliferation, nonproliferation, counterterrorism, arms control, and/or deterrence policies)
* the major performance objectives I had during the semester
* the major projects I worked on, and what I accomplished
* why the approach I took to my task(s) was successful or, if applicable, how the approach might be modified in the future to make it even more successful
* my supervisor must agree to submit an evaluation of my work
* my supervisor’s evaluation will receive substantial consideration in the award of the pass/no-pass grade for DSS 720
* my course grade will be awarded by the DSS 720 supervising professors

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Internship Supervisor’s Section** |
| Name: | Telephone: |
| Email: |
| I certify that:* I am the internship supervisor of the above-named MSU student
* I understand that, for the period of the academic semester listed above, the student’s internship work under my supervision will count for three semester hours of graduate credit
* I approve of the internship goals listed above by the student
* I agree to submit an appraisal (on a form to be provided by MSU) of the student’s internship performance.
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| **Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **DSS Approval Section** |
| The above-named student is approved to register for DSS 720 and to undertake the internship described above. |
| **DSS 720 Internship****Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |