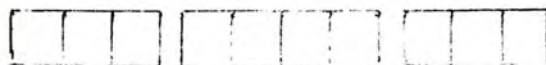


Urban Corps Representative _____

Date _____



Name of Host Organization _____

Organizational Unit of Proposed Assignment _____

Address _____

Assignment Location (if different from above) _____

Person Responsible for Internship _____

Title _____ Telephone No. _____

Function of Organizational Unit _____

Internship Project Title (Outline on Reverse Side)

Beginning Date _____ Ending Date _____

Full Time _____ Part Time _____ Approx. Hours Per Week _____

Special Assignment Conditions _____

Experience, Skills, Training or Other Qualifications Desired:

Interview Requested: Name of Interviewer _____

Location _____ Phone _____

Request for assignment of an Atlanta Urban Corps intern in the described position on the reverse side is hereby approved. I hereby certify that the assignment of an Atlanta Urban Corps intern into this position will not result in the displacement of a regular worker or impair existing contracts for service.

Signature _____

Title _____

Date _____

Project Outline

Describe briefly in terms of how the task serves the purposes of the organization:

Specific objectives of internship project:

Planned orientation and approaches:

To Be Completed By Atlanta Urban Corps

Educational Counselor _____
Name Title

Address _____ Phone _____

Technical Representative _____
Name Title

Address _____ Phone _____

Intern _____
Name College

Address _____ Phone _____

Approved For Atlanta Urban Corps _____
Signature Date