

University Library
 100 Decatur Street, SE
 Atlanta, GA 30303-3202
 Phone: 404-413-2700
 Fax: 404-413-2701
 http://www.library.gsu.edu/

Internship Placement Request

Date:

Name of Intern:

Address:

City/State/Zip Code:

Email Address:

Daytime Phone:

Cell Phone:

Education [Note: Must currently be enrolled in a graduate level library science program]

| | Name of School | No. Years Completed | Major or Degree |
|---------------------|----------------|---------------------|-----------------|
| Graduate Level | | | |
| Undergraduate Level | | | |
| Professional School | | | |
| Other | | | |

Internship Information

Academic Advisor's Name:

Advisor's Phone Number:

Required for Graduate Program? Yes No

Requested Duration:

What are the targeted learning outcomes? Please attach a learning contract, if available .

Please indicate which area of the library you are interested in being assigned [Check up to 3]:

- Acquisitions
- Instruction
- Special Collections & Archives
- Assessment
- Reference
- Web Development
- Catalog
- Systems (Technology)
- Other, Please Specify