
**Texas Christian University
TCU Criminal Justice Internship
Internship Placement and Approval Form**

Section A

Intern's Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name and contact number for someone who always knows how to reach you:

Name of Internship Organization/Agency: _____

Organization/Agency Address: _____

Supervisor's Name: _____ Supervisor's Title _____

Phone Number: _____ Fax: _____ E-mail: _____

This agency is on the TCU Criminal Justice Department's pre-approved internship site list. Yes No

Section B

Project Description

Please attach a sheet with a specific description of your internship and a short description of the sponsoring organization, including an account of the specific duties and activities you will perform while participating in the internship. Please type this information.

Your internship at the above agency is subject to approval by the internship director for the TCU Department of Criminal Justice. If your proposed internship is denied you will be notified of the reasons for the denial and you will have the opportunity to participate in an approved internship designated by the internship director.

Please return to: Dr. Kendra Bowen, Internship Director
Department of Criminal Justice
TCU Box 298720
Texas Christian University
Fort Worth, Texas 76129
Phone (817) 257-6155; Fax (817) 257-7737
k.bowen@tcu.edu

For Internship Director's Use Only

Internship approved Date approved: _____ Internship denied: _____

Reason(s) for denial:

inappropriate agency

duties to be performed do not relate to student learning or gaining valuable criminal justice experience

student will be unable to fulfill internship requirements if placed at this agency

Date denied: _____ Date student notified: _____