

Bowling Green State University

Criminal Justice Program

INDICATION OF ACCEPTANCE FOR AN INTERN

DIRECTIONS: Agency supervisors, please print, then complete the form below and mail it to the Criminal Justice Program, Room 223 Health Center, Bowling Green, OH, 43403.

Name of Agency: _____

Street: _____

City/State: _____ Zip: _____

Supervising Official: _____

Phone: _____

This will indicate acceptance of an intern from your Criminal Justice Program, as indicated herein:

Name of Intern: _____

Proposed Semester of Internship (Fall-Spring-Summer)(Dates if known): _____

Nature of internship, if determined at this time:

Signed

Date