

THE UNIVERSITY OF TEXAS AT SAN ANTONIO
Department of Public Administration
Prospective Affiliation Agreement

Agency / Facility Information Sheet

The information collected on this sheet will be used to complete a formal agreement with your agency.

Date: ____/____/____

Agency Name: _____

Address: _____

Phone Number: _____ Email address: _____

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached. Is your agency a 501 (c) (3) organization?

2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name _____ **Title/Responsibility** _____ **Phone #** _____

Office Address _____ **Email** _____

3. Briefly describe the internship experiences available with your facility/agency.
4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position?
5. Is your organization a HIPAA covered agency? YES _____ NO _____

Please return this questionnaire to:

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