



INTERNSHIP INFORMATION

Student Information

Name	Email		
Phone	Major	Minor1	Minor2
Career Interest	# of Credit Hours Completed to Date		

Faculty Instructor Information

Name	Department
Phone	Email

Internship Organization Information

Name of Organization		
Address	City	State
Phone	Email	
Industry		
Specific Department	Internship Title	
Site Supervisor	Supervisor Title	

Internship Information

Semester and Year of Internship	S	F	S1	S2	Year:
Credit Hours Requested	Internship Course #				
Hours of Work per Week	Start Date	End Date	Paid/Rate	Unpaid	
Work Schedule	MON	TUE	WED	THU	FRI
SAT	SUN				
Employed by this organization? Y/N	Stipend?	Y/N	Housing?	Y/N	
How did you find this opportunity?					

Please forward copies to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Dean | <input type="checkbox"/> Faculty Advisor | <input type="checkbox"/> Faculty Instructor |
| <input type="checkbox"/> Career Office | <input type="checkbox"/> Marketing & Public Relations | <input type="checkbox"/> Development Office |