

Intern's Name: _____

Intern's Mailing Address: _____

Intern's Phone Number: _____

Internship Organization: _____

Organization's Mailing Address: _____

Immediate Supervisor: _____

Supervisor's Phone Number: _____

Employment Period: Start Date ___/___/___ End Date: ___/___/___

Total Hours Per Week: _____

Intern's Responsibilities and Roles:

1. _____
2. _____
3. _____
4. _____

Special Project Description (project focused in your concentration area):

_____/___/___
Intern Organization Supervisor Date

_____/___/___
Academic Advisor Date