

Internship Information Form

Internship site: _____

Your Name: _____

Address: (during internship) _____

E-mail: _____

Phone: _____ FAX: _____

SUPERVISOR(s) Name: _____

Address: (if same, indicate) _____

E-mail: _____

Phone: _____ FAX: _____

Anticipated duties/job tasks:

Number of weeks of internship (or total hours) _____

Anticipated salary: _____

Other comments: