

Internship Form

Student Name: _____ Date: _____

Student ID#: _____ Student Email: _____

Intended Course Number: _____ Section: _____ (assigned by Monica)

Intended Credits: _____

Reason for Internship:

Scope of Internship (Dates, Project or Title, Responsibilities & Job Description)

On-Site Supervisor & Contact Information:

Instructor of Record: _____

Approved by: _____ Date: _____

Ann Hoste, Department Chair