



Student Name: _____ C-Number: _____

Internship Start Date: _____ Intended Completion Date: _____

Academic Program: -GHS -LAS -MAIA -MALS -MSDS -Other

INTERNSHIP SITE INFORMATION:

Organization Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Internship Site Supervisor's Name: _____

Internship Site Supervisor's Title: _____

Internship Description: (Approval from the GPP Office and appropriate signatures from your Internship Site Supervisor, and the Assistant Dean are required before you start your internship).

Job Title: _____

Duties/Responsibilities: (Please attach additional sheets as necessary)

Work Schedule: _____

Additional Remarks:

REQUIRED SIGNATURES:

Faculty Advisor

Assistant Dean

Site Supervisor

Student

Date: _____

Date: _____

Date: _____

Date: _____