

**INTERNSHIP AGENCY INFORMATION FORM**

This form should be completed and submitted at the first mandatory meeting of the semester.

**Student Intern:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Telephone # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Email Address: \_\_\_\_\_

Student #: U \_\_\_\_\_ Major: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Course # \_\_\_\_\_ Credit Hrs. \_\_\_\_\_

**Internship Site:**

Name of Sponsoring Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Internship Schedule:**

Beginning Date: \_\_\_\_\_ Projected # of work hours per week: \_\_\_\_\_

**Schedule:** (indicate time scheduled to be at internship site)

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_