

Name: x _____

Type of Degree: x _____

Type of Internship: x _____

Name of Dept. Contact: x _____

Name of Supervisor: _____

Number of Hours Needed to Complete Internship: x _____

Internship Start Date: x _____

Internship End Date: x _____

(If you are not sure of Start/End Date,
put an approximate Date.)

Please Note: *You must come to the Human Resources building on the first day of your Internship to pick up your I.D. Badge. Also, on the last day of your Internship you must come to the Human Resources building to return your I.D. Badge.*