|  |  |  |  |
| --- | --- | --- | --- |
| Course Name  |  | Course Number |  |
| Student’s Name |  | Student VIP ID |  |
| Student’s Address |  | City |  | State |  |
| Student’s Phone |   |   |  | Student’s E-mail |  |
|  | Area code | Number |  |  |
| Name of Business |  |
| Business Address |  | City |  | State |  |
| Business Phone |   |  |  | Business Web Address |  |
|  | Area code | Number | Extension |  |
| Supervisor’s Name |   |
| Supervisor’s E-mail |  |
| Intern’s Job Title |  |
| Starting Date |  | Ending Date |  |
| Days of the week Intern is expected to normally work |  |  |
|  |  |  |
| Are you compensated for this internship/practicum experience? |  |  |  |
|  | Yes | No |  |
| If you are paid a wage what is the hourly rate? |  |
| If you are not paid a wage, but are compensated with a stipend, commission, housing, food, or other forms of compensation please explain. |
|  |
| **Total Hours per Week:** |  |  |
| Please give a brief, but thorough description of the duties and responsibilities of the position. Attach an additional sheet if necessary. |
|  |
| Student’s Signature |  | Date |  |
| Supervisor’s Signature |  | Date |  |
| Faculty Instructor’s Signature |  | Date |  |