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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | |