

# INTERNSHIP INFORMATION/CONFIRMATION FORM

**YOU MUST SUBMIT THIS FORM AND WAIT TO RECEIVE APPROVAL FROM CAREER SERVICES PRIOR TO BEGINNING YOUR INTERNSHIP.**

**FAILURE TO DO SO MAY RESULT IN CREDITS NOT BEING AWARDED TO YOU OR COURSE FAILURE.**

**This is an internal form and does not require the signature of your site supervisor. It requires the signature of your internship PROFESSOR and Career Services. This form must be completed in its entirety.**

---

**Section 1: **STUDENT** completes this section *in its entirety* then sends form to internship Professor**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Student ID: \_\_\_\_\_ Academic Major: \_\_\_\_\_

Semester and Year of Internship: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

I have registered for the following course: Course #: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Internship Instructor (your professor): \_\_\_\_\_ Faculty Phone/Extension: \_\_\_\_\_

*All information must below must be completed! Please write legibly!*

Internship Site Name: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_

Site Supervisor's Title: \_\_\_\_\_ Site Mailing Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #:(\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax#: \_\_\_\_\_

Is this a paid internship? (Will you receive a paycheck?) \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Internship Begins: \_\_\_\_\_ Date Internship Ends (Approximate if Necessary): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Section 2: **Internship PROFESSOR** completes this section then sends form to Career Services**

By checking this box, I certify that I have met (in-person or remotely) the site supervisor on \_\_\_\_\_ (Date) **and the learning agreement has been completed by all parties.**

Internship Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE! Make and keep a copy of this form and return the original to Career Services at the address listed below.**

---

**Section 3: **CAREER SERVICES** signs once completed form is received**

Career Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_