

Student Intern Contact Information:

Student Name:	School Name:	
Phone/Cell:	Email:	
Address:	City:	Zip:

Internship Program Coordinator Contact Information :

Coordinator Name:	School Name:	
Phone/Cell:	Email:	
Address:	City:	Zip:

Internship Site Mentor Contact Information :

Organization/Business Name:		
Street Address:	City:	Zip:
Mentor:	Title:	
Email:	Department/Office:	
Phone:	Cell:	Fax:
Website:		

Internship Position Information:

Internship Position Title:
Student Intern Reports to:
Description of Internship Position:

Schedule:

Start Date:	End Date:
Start Time:	End Time:
Lunch Plans:	Transportation Plans:

Verification:

Intern Signature: _____	Date: _____
Mentor Signature: _____	Date: _____
Internship Coordinator Signature: _____	Date: _____