

Internship Placement Reporting Form to the School

Student Information

Name: _____

School: _____

Field of Study: _____

Student I.D. _____ Phone: _____

Email: _____

Student Internship Information

Internship Title: _____

Hourly Rate (If Applicable): _____

Primary Duties: _____

Academic Credit (Yes or No): _____

If Yes, Department and Course Number: _____

If Yes, How many credit hours? _____

How was Position Secured? _____

Semester/ Quarter

Semester/ Quarter: _____ Hours per Week: _____

Start Date: _____ End Date: _____

Employer (Internship Provider) Information

Employer: _____

Contact Name & Title: _____

Contact Email: _____

Contact Address: _____

Contact City, State, Zip: _____ Contact Phone: _____