Semester of Internship: ______________ Date this form was completed: ______________

**Intern Information**

Intern’s Name: ________________________ Contact telephone number: ______________

Intern’s major/minor/concentrations: Email: __________________________

UDSIS Number: ______________

**Internship Description**

Position Title: ___________________________________________________

Organization Providing Internship: ________________________________________

Organization Mailing Address: _______________________________________

Name of Supervisor of Internship: __________________________

Internship Supervisor’s Title: __________________________

Telephone Number: __________________________

Email Address: __________________________

**Internship Parameters**

Beginning Date of Internship: ______________ Ending Date of Internship: ______________

Approximate Hours of Work per Week: __________ Total Number of Weeks: __________

Total Number of Credit Hours to be Registered: __________ Total Number of Hours of Work: __________

*Note: 40 hours of work are required for each credit hour registered.

Intern: How will this internship relate to your academic studies? ____________________________

Sponsor: Brief Description of Tasks: ____________________________

Sponsor: Anticipated Benefit to Intern: ____________________________

Supervisor’s Signature: ____________________________

Intern’s Signature: ____________________________

________ (Intern Initial here) “I have read and agree to the Internship Student Responsibilities as listed at www.poscir.udel.edu/ >> undergrad >> internships.”