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

Intern Information

Intern’s Name: ____________________ Semester & Year of Expected Graduation: __________
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.”