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:  ________________________________________________________________
_______ (Supervisor Initial here) “The total work hours specified above is realistic for the specified work period.”
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.”