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.udel.edu/poseir >> undergrad >> internships.”