

Internship Application
Internship, Practicum, & Field Experience
Higher Education Administration & Student Personnel
HIED 6/76492

Date _____

Student's Name _____

Student's Phone # _____

Student's E-mail # _____

In which term are you planning to do the internship? _____

Internship Site (Name of institution): _____

Office Name _____

Building Name & Room Number (DO NOT PROVIDE A STREET ADDRESS—THE BUILDING NAME AND ROOM NUMBER ARE NEEDED):

On-Site Supervisor's Name _____

On-Site Supervisor's Title _____

On-Site Supervisor's Phone # _____

On-Site Supervisor's E-mail # _____

I agree to supervise the above named student in this internship according to the conditions identified in the Internship Manual.

On-Site Supervisor's Signature _____ Date _____

I agree to perform the agreed upon internship in the above named office according to the conditions identified in the Internship Manual.

Student's Signature _____ Date _____