



**DEPARTMENT INTERN REQUEST FORM**

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Date: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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**Interns must be currently enrolled in an accredited school, college, or university**

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Worksite Location/s: \_\_\_\_\_ # of Interns: \_\_\_\_\_

H.S. \_\_\_\_ College (Undergraduate): \_\_\_\_ College (Graduate School): \_\_\_\_

Semester: Fall: \_\_\_\_ Spring: \_\_\_\_ Summer: \_\_\_\_

Internship Project Name and/or Assignment:

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Project and/or Assignment Description:

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Intern's Job Description:

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Qualifications:

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