Appendix A: Internship Contact Form

Student Information

Student Name: _____ Banner ID: _____

Contact Information During Internship:

Email: _____Phone : _____

Agency Information

Agency/Organization: _____

Address_____

_____

Phone No: Fax:

Preceptor Information

Preceptor Name: _____

Title: _____

Degrees and professional certifications/designations: _____

Phone No._____ Fax: _____

Email: _____

This internship is (circle one): paid unpaid

If unpaid… is the internship part of an organized internship program? (Yes / No)

Is the internship within current place of employment? (Yes / No)

Semester/Year of Registration: _____

Proposed Start Date: _____ Proposed End Date: _____

Proposed Internship Objectives:

_____

_____

_____

_____

_____