

Student Name _____



Application for Internship

5/3/2018

Employer Information (completed by employer)

Organization Name: _____

Organization Address: _____

Intern Contact: _____ Intern Contact Title: _____

Intern Contact Email: _____ Intern Contact Phone: _____

What are the outcomes/expectations of the internship position?

How many hours per week will the intern work at your organization?

Is this a paid internship? ____ Yes ____ No

By signing below, I agree to provide an internship opportunity for _____ with a minimum of _____ hours per week. I further agree to complete the College-provided midterm and final evaluations as well as keep an accurate timesheet for the intern hours worked. I also verify that I have reviewed the Department of Labor Fact Sheet No. 71 and will abide by the laws set forth by the Department of Labor.

Supervisor's Signature: _____ **Date:** _____