

22-491 STUDIO INTERNSHIP
STUDENT WORKSHEET

Complete all information and return this two-page form to the internship coordinator.

Date: _____

STUDENT INFORMATION

Name: _____ Student ID #: _____

Current Cumulative GPA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Alternate: _____

Phone: _____ Cell: _____

EMPLOYER INFORMATION

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (immediate supervisor): _____

Phone: _____ Ext: _____

Student Work Schedule

Approx. # of Hours/Week: _____ Number of Weeks: _____

Start Date: _____ Finish Date: _____

Hourly Wage: _____ Continuing Next Semester (yes or no) _____

JOB DESCRIPTION

The following information will be used in describing your position as a student intern. The purpose for collecting this information is to provide a brief, accurate description of your responsibilities at work. Complete only those questions which apply to you.

Job Title: _____

Title of Immediate Supervisor: _____

Employer Classification (manufacturing, retail, financial, government, university, etc.)

Formal training the employer will provide:

Daily activities you will perform:

Special projects you will assist on (if known):

Software programs or other specialized equipment you will use/learn:

Number of individuals in the organization/departament doing the same work:

Other relevant information: