

INTERNSHIP REGISTRATION CARD

Name: _____ Date: _____

Campus Address: _____ Campus Telephone: _____

POE: _____ GPA: _____ Year Graduate: _____

Check All Applicable: Time: ☐ Fall ☐ Spring ☐ Summer
 ☐ Paid ☐ Unpaid
 ☐ Non-Credit ☐ Credit Number of Credits: _____

Internship Site: _____

SupervisorName/Title: _____

Address: _____

Telephone: _____

Faculty Sponsor (for Credit Internship ONLY – PRINT NAME): _____

Faculty Advisors (PRINT NAMES) _____

Relevant Courses/Skills:

_____	_____
_____	_____
_____	_____