

Internship Qualification Form

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Complete this form to confirm that you have re	eceived and acce	epted an offer fo	or an internship.		
Name: Ma	ajor:				
Date:					
Term of the Internship: OSPROSUMOFALL	O 2021	02022	2023		
Will you be taking the internship for course credit?	O Yes	O No			
Will you be using Internship for credit: (check one circ	le) In the I	Major Fo	r 120 requirement		
What is your anticipated graduation date?					
Name of Employer (provide full name of the organization):					
Title of your internship position:					
Hours per week: Compensation Typ	pe: O_{Hourly}		nd Ounpaid		
Hire Date: (ex:mm/dd/yyyy)	Pa	iy Rate:			
Expected Internship Start Date:	Expecte	ed End Date: _			
Internship Experience Mentor/Supervisor Information	n				
Include complete and accurate contact information a	ibout your mer	tor/superviso	r below.		
Supervisor Full Name:					
Supervisor Job Title:					
Supervisor Phone:					
Supervisor Email:					
Complete this form and email (4) items to the Intern 1 - Internship Qualification Form 2 - Offer letter/Email (showing proof that you we 3 - Job description written by the Employer 4 - Resume used for application			ip)		

The four items listed above must be submitted in order to verify the organization and student qualifications for an internship for academic credit.

*International Student Yes No