

Internship Qualification Form

UCF ID:
(7 digits)

Complete this form to confirm that you have received and accepted an offer for an internship.

Name: _____

Major: _____

Date: _____

Term of the Internship:

SPR SUM FALL

2021

2022

2023

Will you be taking the internship for course credit?

Yes

No

Will you be using Internship for credit: (check one circle) ___ In the Major | ___ For 120 requirement

What is your anticipated graduation date?

Name of Employer (provide full name of the organization): _____

Location of Internship (if in-person include city/state or remote) _____

Title of your internship position: _____

Hours per week: _____

Compensation Type:

Hourly

Stipend

Unpaid

Hire Date:

(ex:mm/dd/yyyy)

Pay Rate: _____

Expected Internship Start Date: _____

Expected End Date: _____

Internship Experience Mentor/Supervisor Information

Include complete and accurate contact information about your mentor/supervisor below.

Supervisor Full Name: _____

Supervisor Job Title: _____

Supervisor Phone: _____

Supervisor Email: _____

Do you expect to report directly to the contact listed above? Yes _____ No _____

Complete this form and email (4) items to the Internship Coordinator:

- 1 - Internship Qualification Form
- 2 - Offer letter/Email (showing proof that you were selected for the Internship)
- 3 - Job description written by the Employer
- 4 - Resume used for application

***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