

EXPERIENCE PROVIDER INFORMATION SHEET

STUDENT NAME	
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EXPERIENCE PROVIDER INFORMATION

Experience Provider Name			
Supervisor			
Complete Address			
Phone		Fax	
Email		Web Site	
Brief Description of Experience Provider			

INTERNSHIP SPECIFICATIONS

Internship Title			
Description of Responsibilities (Please be as specific as possible)			
Qualifications required of Hired Intern			
Company Internship Philosophy or Mission			
Compensation	<input type="checkbox"/> Unpaid <input type="checkbox"/> Paid: \$____		
Schedule	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either FT or PT _____ hrs/week		

GOALS ESTABLISHED WITH INTERN

1	
2	
3	
4	
5	

Student Signature

Supervisor Signature