

## EXPERIENCE INFORMATION SHEET

<b>STUDENT NAME</b>	
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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