

## **Internship Information/Confirmation Form**

**This is an internal form and does not require the signature of your internship supervisor.  
It requires the signature of your professor of your internship course. This form must be completed in its entirety.**

**Semester and Year of Internship:** Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Today's Date: \_\_\_\_\_

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### **STUDENT DATA**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_ Student Phone #: \_\_\_\_\_ Academic Major: \_\_\_\_\_

Student ID: \_\_\_\_\_

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### **INTERNSHIP SITE INFORMATION: All information must be completed on this form! Please write legibly!**

Internship Site Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Site Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax#: \_\_\_\_\_

Is this a paid internship? (Will you receive a paycheck?) \_\_\_\_ Yes \_\_\_\_ No

Date Internship Begins: \_\_\_\_\_ Date Internship Ends (Approximate if Necessary): \_\_\_\_\_

**This must be submitted to the Career Services Office prior to the start date of your internship. Failure to do so may result in credits not being awarded to you or course failure.**

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### **REGISTRATION INFORMATION - I have registered for the following course:**

Course #: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Internship Instructor: \_\_\_\_\_ Faculty Phone/Extension: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE! Make and keep a copy of this form and return the original to the Career Services Office at the address listed below.**

Center for Career and Extended Learning  
22 Sullivan Street, Cazenovia, NY 13035  
P: 315-655-7191 • F: 315-655-6996  
careerservices@cazenovia.edu