

Internship Site Confirmation Form

Student Information:

Intern Name _____ Phone Number _____

Concentration _____

Previous Experience:

Practicum Site Name: (Tour 241) _____

Eligibility Information

1.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Have you ever worked, completed practicum, or are you currently working, at this site?

If yes: You must submit the following additional documentation

- The official job description for the previous position
- A written description, in your own words, of how this new position, will differ **significantly** and **substantively** from the previous position(s); what will be learned that has not already been learned; and how this new position will contribute to your future career goals.

If no: move on to question 2

If interested only ONE additional course can be taken concurrently with internship

2.

<input type="checkbox"/>	<input type="checkbox"/>
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 Will you be taking 1 course concurrently with your internship?

If yes: List Course: _____

If no: move on to Site Information

Site Information

Site Name _____

Department (if applicable) _____

Start Date _____ End Date _____ ☐ Voluntary ☐ Paid at \$ ____ per _____

Address _____

City _____ State _____ Zip _____

Site Phone Number _____ Website _____

Site Supervisor _____ Title _____

Phone Number _____ Email _____

Signatures:

Intern _____ **Date** _____

Site Supervisor _____ **Date** _____