

Internship Application and Placement Form

All information must be completed or the application will not be accepted.

Student Name: _____
Last, First M.I.

Semester/Year: _____ **Number of Credits:** 6 9 12 **Academic Advisor:** _____

Address During Internship: _____

Phone Number: _____ **Ship Email:** _____

Email Other Than Ship: _____

Organization Name: _____ **Type of Internship:** _____
OT, PT, Cardiac Rehab, etc.

Internship Site Supervisor: _____
Name and Title

Internship Address: _____

Phone Number: _____ **Email:** _____

Fax Number: _____ **Website:** _____
If Available If Available

Is the internship paid? Yes / No **If yes, how much?** \$_____ per _____

Additional Information (e.g., special directions to site)

Student Signature: _____ **Date:** _____

Signature verifies I understand that as a condition of participation in an internship I may be subject to site selection requirements such as interviews, background clearances, and drug and health screenings, all in compliance with state and federal laws.

Internship Supervisor Signature: _____ **Date:** _____

Academic Advisor Signature: _____ **Date:** _____