INTERNSHIP REQUEST

Please be sure to read the Internship Handbook to ensure that your experience aligns with the criteria we have for our program.

PROGRAM INFORMATION
Name of Organization or Internship Program:
Address:
City ZIP
Phone: Email:
Website:
Proposal for Hosting Interns in the Summer Fall Spring
Number of Interns you could host?
Do you have to apply to get into your program? Yes No
Application Deadline:
SUPERVISOR INFORMATION
Internship Supervisor's Name:
Supervisor's Job Title/ Description:
Internship dates and hours:
INTERNSHIP DESCRIPTION
Description of the work intern will perform:
Skills or experience interns can gain from this experience: