

Internship Employer Information and FST 4191 Course Enrollment

Semester experience is to be completed:

 Autumn Spring Summer Year: _____

Semester FST 4191 credit to be awarded:

 Autumn Spring Summer Year: _____**STUDENT INFORMATION**

Student Name: _____ Student Rank: _____

Campus Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

SUPERVISOR INFORMATION

Supervisor: _____ Job Title: _____

Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Local Phone: _____ Email: _____

POSITION INFORMATION

Start date of internship: _____ End date of internship: _____

Position: _____ Paid internship? Yes No

Anticipated work schedule (days/week and hours/day): _____

Anticipated total number of hours worked at internship: _____

