

INTERNSHIP ASSIGNMENT

Name of Intern (please print) _____

Last

First

Middle

Internship Site _____

Work Address _____ Home Address _____

Phone (_____) _____ Phone (_____) _____

Immediate Supervisor's Name _____ Phone (_____) _____

Supervisor's Job Title _____

INTERNSHIP ASSIGNMENT

DAY	HOURS	TYPE OF WORK	LOCATION/ADDRESS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Important: Please complete and return this form to the University Supervisor.