

STAY WITH THE ONES YOU KNOW!

STAY WITH THE ONES WHO KNOW YOU!



INTERN REGISTRATION

DATE _____ COLLEGE _____

NAME _____ CLASS IN COLLEGE _____

ADDRESS _____ MAJOR _____

_____ INTERNSHIP SUPERVISOR _____

CITY STATE ZIP _____ TELEPHONE OF SUPERVISOR _____

TELEPHONE _____ DEPARTMENT OF INTERNSHIP _____

_____ AVAILABLE STARTING DATE _____

_____ APPROXIMATE ENDING DATE _____

TIME AVAILABILITY FOR INTERNSHIP EACH DAY	TOTAL HOURS DAILY
Sunday _____	_____
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday _____	_____
GRAND TOTAL	_____

IN CASE OF EMERGENCY NOTIFY

NAME _____

RELATIONSHIP _____

ADDRESS _____

TELEPHONE _____