

INTERNSHIP SITE IDENTIFICATION FORM

Student's Name: _____ Date: _____

Local Address: _____

City/Zip: _____ Local Phone: _____

Permanent Address: _____

City/Zip _____ *Permanent Phone:* _____

Social Security Number: _____

Email address: _____

Semester Interning: _____

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- Provide the information requested below for a possible internship site you have identified and investigated. If you want more than one site contacted by the intern coordinator, continue on the back of this page.

 - **FORM WILL BE RETURNED IF ALL OF REQUIRED INFORMATION IS NOT PROVIDED**
-

Name of Site: _____

Name of Contact Person: _____

Address: _____

Phone: _____

FAX: (optional) _____

Email:(optional) _____

Reasons for identifying this site:

- **RETURN THIS FORM TO THE INTERN COORDINATOR WITH 4 COPIES OF YOUR INTERNSHIP PROFILE.**

Name of Site: _____
Name of Contact Person: _____
Address: _____

Phone: _____
FAX: (optional) _____
Email:(optional) _____

Reasons for identifying this site:

Name of Site: _____
Name of Contact Person: _____
Address: _____

Phone: _____
FAX: (optional) _____
Email:(optional) _____

Reasons for identifying this site: