



Student Information Sheet

Internship Program

Date: _____

STUDENT INFORMATION

Student name: _____

uNID: _____

Mailing address: _____

E-mail address: _____

Home phone: _____ Cell/Work phone: _____

Major: _____ Graduation month/year: _____

EMPLOYMENT INFORMATION

Employer: _____

Student's job title: _____

Employer's address: _____

Supervisor's name/title: _____

Supervisor's work phone: _____

Hourly wage/Salary/Stipend: _____

of hours worked per week: _____

FOR COACH USE ONLY

CSIP start date: _____ Completion & Assignment due date: _____

of credit hours approved (1-6) _____ Semester/Year: _____

Career Services coach's name: _____

Ed Psych 3861-Section #: _____

For Office Use Only

Ed Psych 3861 experience # (circle one) 1 2 3

of credit hours awarded _____ Date: _____ Signature: _____