

Internship Site Confirmation Form

Student Information:

First Name _____ Last Name _____ Concentration _____
 Cell Number _____ Mason E-Mail _____

Eligibility Information

- | | | | |
|--|-----|----|--|
| | Yes | No | |
|--|-----|----|--|
1.

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 Have you ever worked, completed practicum, or are you currently working, at this site?
If yes: You must submit the following additional documentation
- The official job description for the previous position
 - A written (typed) description, in your own words, of how this new position, will differ **significantly** and **substantively** from the previous position(s); what will be learned that has not already been learned; and how this new position will contribute to your future career goals.
- If no:** move on to question 2

If interested only ONE additional course can be taken concurrently with internship

2.

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 Will you be taking 1 course concurrently with your internship?
If yes: List Course: _____

Site Information

Site _____ Start Date _____ End Date _____
 Department (if applicable) _____ Voluntary Paid at \$____ per _____
 Address _____
 City _____ State _____ Zip _____
 Site Phone Number _____ Website _____
 Site Supervisor _____
 Title _____
 Phone Number _____ Email _____

Internship Job Description

Please attach a copy of the job description listing all the activities and responsibilities associated with this internship position.

Signatures:

 Intern Date

 Site Supervisor Date