

## INFORMATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

STUDENT I.D. NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAJOR/PROGRAM \_\_\_\_\_

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COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

STUDENT'S JOB/INTERN TITLE \_\_\_\_\_

TOTAL HOURS PER WEEK \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

NAME OF JOB SUPERVISOR \_\_\_\_\_

SUPERVISOR'S TELEPHONE NUMBER \_\_\_\_\_

SUPERVISOR'S EMAIL ADDRESS \_\_\_\_\_

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### Office Use Only

\_\_\_\_\_ Section \_\_\_\_\_ Credits \_\_\_\_\_ W/S \_\_\_\_\_ QTR \_\_\_\_\_

Faculty Coordinator \_\_\_\_\_ Enrollment Date \_\_\_\_\_

\_\_\_\_\_ weeks/quarter = \_\_\_\_\_ quarterly earnings GRADE \_\_\_\_\_