

Director of Internships: Dr. Daniel Bottomley (dbott@udel.edu)

Semester of Internship: _____

Date this form was completed: _____

Intern Information

Intern's Name: _____

Semester & Year of Expected Graduation: _____

Intern's major/minor/concentrations: _____

Email: _____

UDSIS Number: _____

Internship Description

Position Title: _____

Organization Providing Internship: _____

Organization Mailing Address: _____

Name of Supervisor of Internship: _____

Internship Supervisor's Title: _____

Telephone Number: _____

Email Address: _____

Internship Parameters

Beginning Date of Internship: _____

Ending Date of Internship _____

Approximate Hours of Work per Week: _____

Total Number of Weeks _____

Total Number of Credit Hours to be Registered: _____

Total Number of Hours of Work: _____

*Note: 40 hours of work are required for each credit hour registered.

Intern: How will this internship relate to your academic studies? _____

Sponsor: Brief Description of Tasks: _____

Sponsor: Anticipated Benefit to Intern: _____

Supervisor's Signature: _____

_____ (Supervisor Initial here) "I confirm that the work hours and the description of the tasks specified above are accurate and realistic for the specified work period. I also understand that an intern evaluation form must be filled out and submitted by me at the conclusion of the internship."

Intern's Signature: _____

_____ (Intern Initial here)

"I have read and agree to the Internship Student Responsibilities
as listed at www.poscir.udel.edu/ >> undergrad >> internships."