

# Internship Form (930)

**Name:**

**Date:**

**Internship Employer:**

Company Name:

Supervisor:

Address:

Phone:

**Job Description:**

**Intern Responsibilities:**

- 1.
- 2.
- 3.
- 4.

**Dates of Internship:**

**Work Schedule:**

**Site Supervisor:**

**Meredith Instructor:**

**Specific Requirements:**

**Planned Instructor/Student Contact:**

**Date for Final Conference:**

**Date will be submitted to Registrar's Office:**

**How Grade Will Be Determined:**

Instructor's Signature \_\_\_\_\_

email \_\_\_\_\_

Date \_\_\_\_\_