

Internship Program

Student Name: _____

Internship Semester/Year: _____

Course Title: _____

Number of Credit hours: _____

Faculty Sponsor Name: _____

Faculty Sponsor Title: _____

Faculty Sponsor Phone: _____ Email: _____

Faculty Digital Signature: _____ Date: _____

(I understand that by submitting this form electronically I am affixing my electronic signature.)