Academic Internship Program
Schedule Sheet

DIRECTIONS: Please provide the following information to confirm your internship placement. CLEARLY PRINT ALL INFORMATION. **It is important that all of the sections be completed.** Please fax by June 3rd to the Office of Career Services at 401-232-6742.

Student Information

Name**:** _____ Phone: _____

Summer Address: _____

Street City State Zip

Email Address: _____

Organization/ Company Information

Employer: _____

Supervisor Name: _____

Address: _____

_____

_____

_____

Phone: ( ) _____

Fax: ( ) _____

EMail _____

Work Schedule (Days/ Hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

Start Date of Internship: _____

End Date of Internship: _____

Mid-semester evaluation scheduled for: _____

Final-evaluation scheduled for: _____

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