**Internship Data Sheet \_\_\_\_\_\_\_**

*Thanks for completing all the information below for entry into the Internship Inventory. Please return this information to Christina Rosen, rosencm@appstate.edu*

**Student**

Banner ID:

First Name:

Middle Name/Initial:

Last Name:

ASU Email:

Address:

City:

State:

Zip Code:

Phone:

GPA:

Major:

**Emergency Contact**

(Who may we contact in case of emergency)

Name:

Relationship:

Phone Number:

**Agency Details**

Agency Name:

Phone:

Address:

City:

State:

Zip Code:

**Physical location of internship**

Same as internship details above

*If different than above*

Domestic or international (please circle one)

Address:

City:

State:

Zip Code:

Country:

**Faculty Supervisor**

First Name:

Last Name:

**Internship Site Supervisor Information**

First Name:

Last Name:

Title:

Phone Number:

Email:

Fax:

Address:

City:

State:

Zip Code:

Country:

**Course Information**

Internship Start Date:

Internship End Date:

Course Number:

Course Title:

Credit Hours:

Average Hours per week:

**Compensation**

Unpaid

Paid:

Pay Rate:

Average Hours per Week: