

INTERNSHIPS
Student Information, Preferences, and Assignments

Please complete in PENCIL

Name: _____ Phone Number(s) _____

Address _____ E-Mail Address _____

City/Zip _____ Student ID # _____

Term _____

Preferences (site, age group, supervisor, ect.) _____

Assignment

Name of School/Facility _____

Name of Supervisor _____

Phone Number of Supervisor _____

Term _____

Preferences (site, age group, supervisor, ect.) _____

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