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|  | Liberal Arts 497 |

# Internship Description Form

* \*\*You may not work for an organization or business owned by you, your family, or relatives.\*\*
* Type your answers into this form, then send it via email to [theresa.lavoie@wsu.edu](mailto:theresa.lavoie@wsu.edu) along with your Internship Proposal Form. **You must send both forms to be enrolled in the course.**
* Include a company business card, scanned in and sent with the form.
* **This form will not be accepted without signatures**
* The supervisor must agree to fill out the Internship Performance Evaluation at the end of the semester.

## Student Information

| Your Name |  | Student ID # |  |
| --- | --- | --- | --- |
| Your Email Address |  | Date |  |
| Company Name |  | Company Location |  |
| Your Job Title |  | Internship End Date (if no end date list none) |  |
| Internship Start Date |  | Number of Credits You Wish to be Enrolled in |  |
| Average Hours Worked Per Week (over the 15 week semester) |  | Supervisor Email |  |
| Supervisor Name |  | Supervisors Phone # |  |
| Supervisors Title |  |  |  |

## List your job responsibilities below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Student Signature |  | Date |  |
| Supervisor Signature |  | Date |  |