Office of Leadership Investment
Intern Information Form

To be completed after an intern is placed in your department

Department : _____

Supervisor: _____

Supervisor Email Address: _____

Supervisor Phone Number: _____

Intern Name: _____

Intern Address: _____

Address *City* *State* *Zip Code*

Intern Phone Number: _____

Intern Email Address: _____

Intern School: _____

Educational Level (Year): _____

Graduation Date: _____

Intern Schedule:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Intern Hours: _____

Compensation:

☐ Paid by Department ☐ Work Study ☐ School Credit ☐ Unpaid/Volunteer