SUPERVISOR CONTACT INFORMATION:
Name of Organization:  
Name & Position of Supervisor responsible for Intern:  
Phone Number:       E-mail address:  

POSITION INFORMATION: (If more room is needed, continue answer on a separate page. )
1. Position Title:  
2. Internship Description (Department & Duties):
3. What will the Intern(s) learn while performing these duties?
4. Skills and/ or experience that would be necessary or helpful for intern to have: (include software, project mgt., etc.)
5. Is a car required?  No  Yes  Mileage paid?  No  Yes  Amount:  

Please note that interns must work at least 85 hours and are limited to working a maximum 100 hours per semester. Any deviation from this requires prior approval from ALP.

Form Completed by:  Date:  

ALP
Intern Job Description
Academic Year