

STUDENT INFORMATION

(To be forwarded to site supervisor)

Name _____ Date _____

Address (campus): _____

Address (home): _____

Telephone (campus): _____ (home): _____

Student ID No.: _____ Social Security No: _____

Current Class Year: _____ Expected Date of Graduation: _____

Please type the following responses - Copies of this form go to potential internship sponsors.
In one paragraph or more describe your goals in participating in the internship.

Please list with course number and title the courses you have taken so far at ESF (and before if a transfer student) that you feel are relevant to your proposed internship.

What courses have you had involving field-work? (Name and brief description)

Did these involve observation, regular participation in a work group, and/or interviews?
Describe what you did:

How much time per week did you devote to field-work? _____

Have you prepared any special research or summary reports? Yes _____ No _____

If yes, list topics and Professor in charge _____

What faculty members at ESF or elsewhere might be contacted as a reference?

Do you have an ESF faculty member who has agreed to supervise your work as an intern off campus? Yes _____ No _____

If yes, list the name, office address and phone number.

ATTACH A CURRENT RESUME

I agree to have the information contained in this form and on the attached resume made available to possible internship sponsors.

Name

Date

Return to Faculty Sponsor.