

INTERNSHIP



NAME: _____ PHONE NUMBER: _____

(PLEASE PRINT)

UNIVERSITY

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SCHOOL LIAISON

NAME: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

INTERNSHIP

INTERNSHIP START DATE: _____

INTERNSHIP COMPLETION : _____

DATE: HOURS/DAYS PER WEEK: _____

REQUESTED SITE LOCATION: _____

DEGREE: _____

1ST YEAR/ 2ND YEAR/ADVANCE: _____

Please submit this completed form to:
dwatkins@kidsaboveall.org

