

Internship Data Sheet

Thanks for completing all the information below and returning this form to

Student Information

Banner ID:

First Name:

Middle Name/Initial:

Last Name:

ASU Email:

Phone:

Major:

Emergency Contact

(Who may we contact in case of emergency?)

Name:

Relationship:

Phone Number:

Do you need to initiate either or both a background check or drug panel?

If your site will do these for you, there is no need to indicate yes.

Background Check **Yes/No**

Drug Panel **Yes/No**

Physical location of internship

Address:

City:

State:

Zip Code:

Country:

Agency Details

Agency Name:

Phone:

If different from the physical location details, please include address.

Address:

City:

State:

Zip Code:

Is this Internship Remote? Yes/No

Faculty Supervisor

First Name:

Last Name:

Internship Site Supervisor Information

First Name:

Last Name:

Title:

Phone Number:

Email:

Fax:

If different from the physical location details, please include address.

Address:

City:

State:

Zip Code:

Country:

Course Information

Internship Start Date:

Internship End Date:

Course Number:

Course Title:

Credit Hours:

Average Hours per week:

Compensation

Unpaid

Paid:

Pay Rate:

Average Hours per Week: