

INTERNSHIP PLACEMENT INFORMATION

Before you begin your internship, you must submit to the sociology department chairperson specific information about your placement. Please complete the form below and submit it by either the second week of placement or by _____.

Student Name _____
First Middle Last

Home Address (# and street) _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Salem State University Student ID _____

Name of Internship Placement/Organization: _____

Address of Organization: _____

Phone Number: _____ Website Address: _____

Contact Person (Project Supervisor): _____

Supervisor's Phone Number: _____ Supervisor's Email Address: _____

Internship Schedule (days and hours): _____

Specific Internship Responsibilities and Duties:

Student Name (printed): _____

Student's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Sociology Chairperson's Signature: _____

Date: _____

Faculty/Chairperson Information: _____