

STUDENT INTERNSHIP INFORMATION FORM

NAME _____

COLLEGE/UNIVERSITY _____

DATES OF PROPOSED INTERNSHIP: BEGINNING _____ ENDING _____

DAYS OF WEEK _____ NUMBER OF HOURS PER DAY _____

NAME OF FACULTY INTERNSHIP ADVISOR _____

TELEPHONE NUMBER OF FACULTY ADVISOR _____

PLEASE PRINT THE ANSWERS TO THE FOLLOWING QUESTIONS BRIEFLY. (PLEASE USE THE BACK OF THIS FORM IF NECESSARY.)

WILL YOU BE WRITING A PAPER OR PREPARING A PROJECT AS PART OF YOUR INTERNSHIP PROGRAM? _____ If YES, WHAT WILL BE THE TOPIC OF SUBJECT MATTER? _____

(PLEASE REMEMBER THAT THE U.S. PROBATION OFFICE REQUIRES THAT YOU SUBMIT A COPY OF ALL PAPERS, AS A RESULT OF YOUR INTERNSHIP TO THE PROBATION OFFICER MENTOR)

WHAT GOAL(S) HAVE YOU SET FOR YOURSELF DURING THIS INTERNSHIP?
(PLEASE BE VERY SPECIFIC)

IS THERE ANYTHING SPECIFIC THAT YOU WOULD LIKE TO DO AS PART OF YOUR INTERNSHIP PROGRAM?

WHAT ARE YOUR CAREER GOALS? WHAT TYPE OF JOBS WOULD YOU LIKE?

SIGNED: _____ DATE: _____