## Internship Student Check In Form

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| Institution |  | | Phone  Fax |  | | |
|  | | |
| Address |  | | | | | |
| Start Date | MM DD YY | | | | | |
| Duration | from MM DD YY to MM DD YY | | | | | |
| Intern Name |  | Phone |  | | | |
| Supervisor |  | Phone |  | | Signature |  |
| Instructor |  | Phone |  | | Signature |  |
| Description of internship |  | | | | | |
| Note |  | | | | | |

This form must be submitted to the department office. The original is to be kept by the institution.