

UG Off-Campus Internship Contact Information

Name: _____ Home Phone: _____

Email: _____

Name of CUA Faculty Internship Supervisor: _____

Name of Off-Campus Internship Supervisor: _____

Location/Address of Internship:

Supervisor Phone: _____

Supervisor Email: _____

Days and times you plan to be at Internship Site: _____

Course #: PSY 594 Number of Credits _____ Number of Hrs/Wk _____

Proposed Duties:

Student's Signature Date CUA Internship Supervisor's Signature Date

Off-Campus Internship Supervisor's Signature Date