

**Internship Program**

**Contact Information**

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| **Internship Coordinator**Instructor Name office (479) 508-####Instructor cell (479) ###-#### |

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|  | **Training Site’s Business Name** |  |  |  |
|  | **Training Site’s Address** |  |  |  |
|  | **Supervisor’s Name** |  |  |  |
|  | **Supervisor’s Phone** |  |  |  |
|  |  |  |  |  |
|  | **Date** |  | **Signature** |  |
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|  |  |  |  |  |
|  | **Student’s Name** |  |  |  |
|  | **Student’s Address** |  |  |  |
|  | **Student’s Phone** |  |  |  |
|  |  |  |  |  |
|  | **Date** |  | **Signature** |  |
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