

**Internship Program**

**Contact Information**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Student’s Name** |  |  |  |
|  | **Student’s Address** |  |  |  |
|  | **Student’s Phone** |  |  |  |
|  |  |  |  |  |
|  | **Date** |  | **Signature** |  |
|  |  |  |  |  |