

Date\_\_\_\_\_

## GRADUATE INTERNSHIP DATA FORM – GERO 692

Number of Credits for Semester \_\_\_\_\_

**All sections of this form must be completed**

SEMESTER OF INTERNSHIP (circle one):                      SPRING / SUMMER / FALL    YEAR\_\_\_\_\_

STUDENT NAME\_\_\_\_\_ ID# \_\_\_\_\_

HOME ADDRESS DURING INTERNSHIP \_\_\_\_\_

HOME PHONE DURING INTERNSHIP \_\_\_\_\_

STUDENT EMAIL ADDRESS (check frequently)\_\_\_\_\_

NAME AND ADDRESS OF THE AGENCY\_\_\_\_\_

AGENCY INTERNSHIP SUPERVISOR NAME\_\_\_\_\_

AGENCY E MAIL ADDRESS:\_\_\_\_\_

AGENCY SUPERVISOR\_\_\_\_\_

(SIGNATURE)

AGENCY PHONE NUMBER (where you can be reached)\_\_\_\_\_

WILL YOU BE CONSIDERED A PAID EMPLOYEE OF THE AGENCY?    YES    NO    (Circle one)

If answer is no, an affiliation agreement needs to be in place before your internship can start.

Date Internship will start\_\_\_\_\_

Date internship will end\_\_\_\_\_

UNC INTERNSHIP SUPERVISOR\_\_\_\_\_

(SIGNATURE)

For in-state interns only, please give specific driving directions for how to reach your internship site for the supervisor to visit your facility (you may use back of this sheet to write them, draw a detailed map, or both [preferred]).

Students with disabilities who believe they may need accommodations in this class are encouraged to contact the Disability Access Center (970) 351-2289 as soon as possible to better ensure that accommodations are implemented in a timely fashion.