Academic Internship Program
Schedule Sheet

Amica Center for Career Education

DIRECTIONS: Discuss your schedule with your supervisor. Complete and fax this form to the Career Center within the first week of starting your internship. A copy of this form will be forwarded to your professor.

CLEARLY PRINT ALL INFORMATION

Student Information

Name:_____ Phone: _____

Address: _____

Street City State Zip

Email Address: _____

Organization/ Company Information

Employer: _____

Supervisor Name: _____

Address: _____

_____

_____

_____

Phone: (___) _____

Fax: (___) _____

EMail _____

Work Schedule (Days/ Hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

Start Date of Internship: _____ End Date of Internship: _____

Total Hours: _____

Mid-semester performance evaluation scheduled for: _____

Final performance evaluation scheduled for: _____

(enter mid-semester and final performance evaluation dates on each evaluation form as a reminder)

We agree to the above schedule:

Student Signature_____Date:_____

Supervisor's Signature: _____ Date _____

After first week of the internship, please fax to:

Barbara Gregory, Manager Internship Program
Phone: 401-232-6355, **Fax: 401-232-6742**
bgregory@bryant.edu