

**This Form must be returned to me before you start your internship.**

Please leave it in my office or in my box.

Student Details:

Name: \_\_\_\_\_

Contact details: (Phone or e-mail) \_\_\_\_\_

Internship placement:

Agency name: \_\_\_\_\_

Agency contact details: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Agreed work schedule: \_\_\_\_\_

Agreed starting date: \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_