

STUDENT INTERNSHIP INFORMATION FORM

Auburn University
(PLEASE PRINT)

SEMESTER _____ YEAR _____

Student name: _____

Campus address: _____

(city, state & zip code) _____

Campus phone number: _____

Cell phone numbers: _____

Auburn e-mail: _____

Provide the following information about your internship employer:

Employer name: _____

Employer location: _____

Contact person: _____

Phone number of contact person: _____

Email address of contact person: _____

Provide a brief description of your internship and indicate why this should qualify for credit

