

Internship Site Confirmation Form

Student Information:

Intern Name _____ G# _____

Phone Number _____ Email _____

Previous Experience:

Practicum Site Name: (SPMT 241) _____

Mason Faculty Supervisor Information:

Faculty Name _____

Faculty Title _____

Phone Number _____ Email _____

Eligibility Information:

1.

Yes	No
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 Have you ever worked, did you complete the practicum, or are you currently working at this site?
If yes: Have you submitted the official job description for the previous position and explained how this new position will differ **significantly** and **substantively** from the previous position?
If no: move on to question 2

If interested, only ONE additional course can be taken concurrently with internship

2.

Yes	No
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 Will you be taking one course concurrently with your internship?
If yes: List Course: _____
If no: move on to Site Information

Site Information

Site Name _____

Department (if applicable) _____

Start Date _____ End Date _____ Voluntary Paid at \$ _____ per _____

Address _____

City _____ State _____ Zip _____

Site Phone Number _____ Website _____

Site Supervisor _____ Title _____

Phone Number _____ Email _____

100% Onsite 100% Virtual Hybrid *Virtual/Hybrid Experiences require Appendix 5

Internship Job Description:

Please provide a job description listing all activities and responsibilities associated with this internship position.

Signatures:

Intern _____ Date _____

Site Supervisor _____ Date _____

Site Approved by:

Mason Internship Coordinator _____ Date _____