

University of Texas at Dallas  
School of Behavioral and Brain Sciences  
Box 830688 GR 4.1  
Richardson, Texas 75083-0688

## Internship Information Form

### STUDENT INFORMATION:

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

Current Address: \_\_\_\_\_

\_\_\_\_\_

Student ID#: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_

Semester and Year of Internship: \_\_\_\_\_

### INTERNSHIP SITE INFORMATION:

Name of Organization: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor: (Mr./Ms./Dr./other): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### PLEASE LIST INTERNSHIP DUTIES AND RESPONSIBILITIES:

1.

2.

3.

4.

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