

Category: _____
(To be filled out by internship program director)

Date: _____

Internship Job Request for Employers

(Please save file, fill in, and paste into email or send as attachment to: Chizeck@utdallas.edu or mail to:

The University of Texas at Dallas
Internship Program, GR 26
800 West Campbell Rd
Richardson, TX 75080-3021
Fax: 972-883-2440

Organization: _____

Mailing Address and Location:

Phone: _____

Fax: _____

Contact Person: _____

Email / Website: _____

Type of Organization: _____

Type of Projects and Student Qualifications Needed:

Pay: _____