

STAY WITH THE ONES YOU KNOW!

STAY WITH THE ONES WHO KNOW YOU!



# INTERN REGISTRATION

DATE \_\_\_\_\_ COLLEGE \_\_\_\_\_

NAME \_\_\_\_\_ CLASS IN COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ MAJOR \_\_\_\_\_

INTERNSHIP SUPERVISOR \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_ TELEPHONE OF SUPERVISOR \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DEPARTMENT OF INTERNSHIP \_\_\_\_\_

AVAILABLE STARTING DATE \_\_\_\_\_

APPROXIMATE ENDING DATE \_\_\_\_\_

TIME AVAILABILITY FOR INTERNSHIP EACH DAY  
TOTAL HOURS DAILY

Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
<b>GRAND TOTAL</b>		_____

IN CASE OF EMERGENCY NOTIFY

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

7938 Main Street ~ Houma, Louisiana 70360 ~ 985-876-3456 ~ Fax 985-876-9081