



# Internship Position Description



Internship Title \_\_\_\_\_

Organization Name \_\_\_\_\_ Website Address \_\_\_\_\_

Address \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Site Supervisor's Title \_\_\_\_\_  
City State Zip Code

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Compensation:  Unpaid Paid: \$\_\_\_\_\_  Stipend  Hour  Week  Month  Semester Other \_\_\_\_\_

What semester is this internship offered? (Check all that apply)  Fall  Spring  Summer  Winter

Approximately how many hours per week would a student intern work?  5-10  10-15  15-20  20+

Please provide a description of this internship position: (attach additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What minimum qualifications are required for this internship? \_\_\_\_\_

\_\_\_\_\_

What academic preparation or experience is necessary for this internship? \_\_\_\_\_

\_\_\_\_\_

How would you like candidates to apply? (Check all that apply.)

- E-mail
- Phone
- Website
- Mail
- Fax

What contact information would you like to be listed on your posting for candidates to see? (Check all that apply.)

- E-mail
- Phone
- Website
- Mail
- Fax

Number of positions available: \_\_\_\_\_ Deadline date (if any): \_\_\_\_\_

Post this position:  Always active (ongoing)  30 days  60 days  \_\_\_\_\_ days

Has your organization supervised an intern from SUNY Fredonia before?  Yes  No  Unknown

How did you learn of SUNY Fredonia's internship program? \_\_\_\_\_



### SUBMIT COMPLETED FORM TO:

Career Development Office  
SUNY Fredonia  
Fredonia, New York 14063

Fax: (716) 673-3593  
E-mail: [careers@fredonia.edu](mailto:careers@fredonia.edu)

### Questions?

Phone: (716) 673-3327  
Website: [www.fredonia.edu/cdo](http://www.fredonia.edu/cdo)