



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+

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K \ Uia]b]a i a `ei U]ZWU]cbg`UYfYei jfYX`Zf`h jg]bhYfbg\ jd3`

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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

Questions?

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