



CAREER DEVELOPMENT CENTER

0281 Student Success Center
618-650-3708
Campus Box 1620
Edwardsville, IL 62026

618-650-3656 (fax)
www.siu.edu/careerdevelopmentcenter

School of Pharmacy
Internship Form

Student Information:

Name Last First Middle

Address Street City State Zip

Phone () SID#

Student's e-mail address:

By signing this form, you are giving the Career Development Center permission to share this information with your academic department. This form is kept confidential and will ONLY be shared in aggregate form.

Employer Information:

Company Name

Address Street City State Zip

Business Phone () Fax Number ()
Employer's Supervisor's

E-mail address: E-mail address:

Supervisor's Name & Title

Student's Job Title

Beginning Date: Ending Date:

Hourly Salary: \$ Hours Worked per Week

Student's Signature Date Employer's Signature Date

CDC Internship Coordinator's Signature Date