

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**

CAREER DEVELOPMENT CENTER

0281 Student Success Center  
Campus Box 1620  
Edwardsville, IL 62026

618-650-3708  
618-650-3656 (fax)  
www.siu.edu/careerdevelopmentcenter

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***School of Engineering  
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.***

***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*