

**Credit Hours** \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**Student's ID#** \_\_\_\_\_

*Tutor's Name* \_\_\_\_\_

*Tutor's E-mail* \_\_\_\_\_

*Tutor's Department* \_\_\_\_\_

*Dept. Address* \_\_\_\_\_

Please describe your internship duties below (attach sheet if necessary) and specify the written component you will be submitting to your faculty sponsor on the completion of your internship. You must also provide us below with the contact information of your direct internship supervisor on the site. This person will have to fill out and submit to the IMP office an Internship Evaluation Form (see IMP Web site) when the internship is over.

<p><b>Direct Internship Supervisor:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p><b>Signature of Sponsor(s):</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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