

NEW YORK CITY COLLEGE OF TECHNOLOGY
Department of Social Science/Data Analytics Program
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INTERNSHIP PLACEMENT FORM

Please complete this form once the student has been accepted for an internship position. Student will be given permission to register for the appropriate internship class when the form is received.

Please Print or Type

Student's Name _____ Econ 4201 _____

Address: _____ EMPID _____

City: _____ State _____ Zip _____ Telephone () _____

The student has been accepted as an intern.

The student's schedule will be as follows*:

Day: _____ From: _____ To: _____

Day: _____ From: _____ To: _____

Day: _____ From: _____ To: _____

Day: _____ From: _____ To: _____

The student is scheduled to start on: _____ Will End on _____ (Date)

Name of Organization _____

Address _____

City _____ State _____ Zip _____ Telephone () _____

Name of student's immediate supervisor _____

Title _____ Department _____ Phone _____

Email of Supervisor _____

Briefly describe the duties of the intern:

Supervisor Signature

Print Name

Title

() _____
Telephone

*** Internship hours cannot interfere with schedule of classes.**