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.**