



Intern Request Form

Company/Organization: _____

Contact Person: _____

Title: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Website: _____

Internship Position: _____

Qualifications: _____

Responsibilities: _____

Position Available (check all that apply):

- Fall Spring Winter

Schedule Information:

Number of hours per week: _____

Other requirements: _____

(night/weekend hours, etc.) _____

Internship is:	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid
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If paid, amount of compensation:	Hourly:	or Stipend:
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Other Information:

Office is looking for motivated and ambitious

Application Deadline: _____

Please complete form and email careers@dom.edu.