



DATE: _____
Form must be submitted within 10 days of the date listed above

IT Internship/Work Experience Commencement Form

Your Information:

Name: _____

Address: _____

Phone: _____

Information about your internship site:

Name of Employer: _____

Address: _____

Direct Supervisor: _____ Phone Number: _____

Start Date: _____ Approx. Hours/Week: _____

Description of the proposed work experience (continue on back if necessary)

I, _____ understand the requirements for successful completion of a work experience in the Information Technology program. I will keep accurate records of my experience and will comply with submission of the final report and other required paperwork by _____. I understand that I am a representative of Marian University and the Information Technology program and will conduct myself in an honest, ethical and professional manner.

APPROVED

Print Name

Michael Doherty, Program Director IT

Signature and Date