

**ILLINOIS STATE UNIVERSITY
PROFESSIONAL PRACTICE INTERNSHIP DATA SHEET**

DEPARTMENT: _____ SEMESTER ENROLLED: _____ SPRING Year _____
COURSE #.: _____ SUMMER Year _____
SECTION: _____ FALL Year _____
MAJOR: _____

STUDENT INFORMATION:

PLEASE PRINT CLEARLY

NAME: _____
Last First Middle

E-MAIL _____

GRADE LEVEL _____

CHECK HERE IF REQUIRED HEALTH/ACCIDENT INSURANCE FORM IS ON FILE: _____

CHECK HERE IF STUDENT EMPLOYER REQUIRES LIABILITY INSURANCE: _____

PROFESSIONAL PRACTICE/INTERNSHIP BEGIN DATE: ____ - ____ - ____

PROFESSIONAL PRACTICE/INTERNSHIP END DATE: ____ - ____ - ____

EXPERIENCE TYPE: PAID _____ UNPAID _____

REQUIRED INTERNSHIP YES NO

HOURS WORKED: ____ /WEEK OR ____ /MONTH

REMUNERATION:

\$ ____ /HOUR OR \$ ____ /WEEK OR \$ ____ /MONTH OR \$ ____ /FLAT

PROFESSIONAL PRACTICE/INTERNSHIP SITE INFORMATION:

SITE NAME: _____

ADDRESS: _____

CITY, STATE: _____ , _____ ZIP _____

SITE SUPERVISOR: _____

PHONE: ____ - ____ - _____

FACULTY COORDINATOR: _____

Please return to Pam Cooper, Professional Practice-Career Center , Campus Box 2520 or e-mail pjcoope@ilstu.edu