

**Central Michigan University
RPL/Center for Leisure Services
Internship Data Form**

ALL Student Interns for the Current Semester MUST COMPLETE AND RETURN this form

YOUR NAME _____

Home Address During Internship: (*where you are residing during your internship*)

Home Phone: (_____) _____

Current Email Address: _____

Internship FACILITY'S business address:

Facility: _____

Dept/Unit: _____

Street Address: _____

City/State/Zip _____

Site Phone: (_____) _____ Ext. _____

Name of Site Supervisor: _____

Site Supervisor's Email address: _____

Usual Work Hours: _____

Have you applied for graduation yet? YES
NO

What's your anticipated graduation date?

May _____
Year

August _____
Year

December _____
Year