

Senior Seminar: Internship Information

Student Name: _____ Student e-mail: _____

Mentorship Description: _____

Company/Organization (if applicable): _____

Mentor Name: _____

Mentor Phone Number: _____

Mentor e-mail: _____

Address of internship: _____

Dates and times of internship (if known): _____

Signatures

1. I agree to be mentor for the above named student.

Mentor signature: _____

2. I approve of my son/daughter's Senior Seminar project/internship and I understand the requirements of this course.

Parent/guardian signature: _____

Parent/guardian email: _____

3. I have read the handbook and understand the requirements of this course.

Student signature: _____

THIS SHEET MUST BE COMPLETED BY: _____