

## SHORT TERM INTERNSHIP FORM

*If you wish to remain on campus while involved in an internship during Short Term, please return this signed, completed form to the Bates Career Development Center at 146 Wood Street. Internships must be approved through Bates Career Development Center. If approved confirmation will be sent to Residence Life*

Name \_\_\_\_\_

ID# \_\_\_\_\_ Campus Residence \_\_\_\_\_ Room \_\_\_\_\_

Purposeful Work Internship  Other Internship

Employer Name: \_\_\_\_\_

Internship address: \_\_\_\_\_

Description of internship: \_\_\_\_\_  
\_\_\_\_\_

Will the student be engaged in work for a minimum of 20 hours per week? Yes  No

Internship dates: From \_\_\_\_\_ to \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Contact number \_\_\_\_\_

Supervisor signature \_\_\_\_\_

Date

BCDC signature \_\_\_\_\_

David McDonough, Director

Date

Student signature \_\_\_\_\_

Date

Please provide a full job description if available.