

CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES
COLLEGE OF THE HOLY CROSS
POST OFFICE BOX 194A
WORCESTER, MASSACHUSETTS 01610
508-793-2498

DATE: _____

AGENCY DATA

Agency_____

Department_____

Agency Head_____

Intern's Supervisor_____

Agency Address_____

Telephone_____

DESCRIPTION OF INTERNSHIP POSITION: give details of specific project(s) to be assigned to intern: the intern's position of authority within the organization; the intern's duties and activities. (Please fill out a separate form if an additional internship, with different duties, is proposed.)

Please characterize this internship as:	YES	NO
...closely supervised	_____	_____
...requiring considerable independent work	_____	_____
...requiring frequent field work away from the office	_____	_____
...requiring occasional field work	_____	_____

...involving many contacts with clients of the agency _____

Please characterize this internship as: YES NO

...principally solitary research _____

...providing opportunity for overview of range of agency operations _____

Number of agency employees with whom intern will be working regularly _____

What special skills or qualifications, if any, are necessary or desirable for this position?
(e.g., typing, driving, programming, counseling skills, writing or editing skills, graphics skills, math or accounting skills, foreign languages, own transportation, etc.)

NECESSARY:

DESIRABLE:

If necessary, might your agency be able to reimburse an intern for all or part of the expense of transportation between campus and work site? _____

ADMINISTRATIVE INFORMATION

1. Indicate Preferred Work Period:

_____ Fall term (September to mid-December)

_____ Spring term (late January through April)

_____ No preference

2. Number of interns requested for position described above _____

3. Preferred work schedule:

REQUEST FOR ASSIGNMENT OF INTERNS INTO THE DESCRIBED POSITION IS
HEREBY APPROVED.

I hereby certify that the assignment of an intern into this position will not result in the displacement of a regular worked or impair existing contracts for service.

Signature of Department Head

Title

Date