

SUMMER INTERNSHIP ADDRESS FORM

PLEASE RETURN THIS FORM TO THE
CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES /SMITH HALL 327
AS SOON AS POSSIBLE

NAME: _____ CLASS: _____

HOME ADDRESS: _____

HOLY CROSS ID # _____

TELEPHONE NUMBER: _____

YEAR OF SUMMER INTERNSHIP: _____

NAME OF AGENCY: _____

AGENCY ADDRESS: _____

AGENCY TELEPHONE NUMBER (INCLUDE AREA CODE): _____

AGENCY SUPERVISOR OR CONTACT PERSON: _____

BRIEF DESCRIPTION OF RESPONSIBILITIES: _____

NUMBER OF HOURS PER WEEK AT AGENCY: _____

THIS FORM MAY BE FAXED TO 508-793-2601.

PLEASE SUBMIT YOUR TRANSCRIPT WITH THIS FORM.

THANK YOU.