COLUMBIA HEIGHTS EDUCATIONAL CAMPUS

Bell Multicultural High School/Lincoln Middle School

INTERNSHIP FORM

Student Name: _____ **Student ID #:** _____

Student's Year of Graduation: _____

Name of Agency/Organization: _____

Address: _____

Telephone Number: _____

Supervisor's Name: _____

(Print)

BRIEF DESCRIPTION OF DUTIES:	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
TOTAL HOURS:	SUPERVISOR'S SIGNATURE: