



**Host Company Information**

Organization Name Employer Identification No (EIN)

Address

City State Zip

No. of Full-time Employees Website

Do you have a valid workers' compensation policy Policy No.

Contact First Name Last Name

Title

Tel Fax

Email

**Candidate Background**

Desired Field of Study

Study Level Candidate Profile Needed By:

Nationality or Regional Preference (if any)

Special Requirements  
(lab exp., programming languages, etc.)

**Internship Details**

Internship Position  
Description and Responsibilities

Hours per week Stipend \$ per Min. No. of Weeks Max. No. of Weeks

Between the months of and Can you provide housing?

Please list any additional benefits,  
monetary or otherwise

**I hereby certify that the information contained on this form is true and correct to the best of my knowledge.**

Signature Date

Printed Full Name