

**INTERNSHIP SPONSOR INFORMATION FORM**  
**(Student to complete and return to Internship Instructor)**

Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Ai Minnesota Program: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Web Site: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Supervisor's e-mail: \_\_\_\_\_

Intern's Responsibilities:

Special Requirements/Systems/Programs?

\_\_\_\_\_  
Internship Hours: \_\_\_\_\_ Start Date: \_\_\_\_\_

Paid?      \_\_\_ No      \_\_\_ Yes @ \$ \_\_\_\_\_ per \_\_\_

\_\_\_\_\_  
Internship Instructor Signature

\_\_\_\_\_  
Date