

INTERNSHIP ORGANIZATION INFORMATION FORM (FORM 2)

University of Idaho, College of Science
Department of Statistics

Complete the following and turn in prior to beginning internship experience. Please print or type this information so as to be easily readable.

NAME: _____

ADDRESS WHILE
ON INTERNSHIP: _____

PHONE: () _____ - _____

E-MAIL WHILE
ON INTERNSHIP: _____

NAME & ADDRESS
OF PERSON TO
CONTACT IN
AN EMERGENCY: _____

() _____ - _____ (THEIR PHONE #)

Full and official name of the agency for whom you will work

Full mailing address for the
above agency _____

Agency telephone number () _____ - _____

Name of chief administrator _____

Chief administrator title _____

Name of immediate supervisor _____

Immediate supervisor's title _____

Name and title of any other supervisory persons in the agency who are familiar with your work (A) _____
(B) _____