

Business Name

GWCS INTERNSHIP REFERRAL
April 17 – June 12, 2009

Student Name

Business / Organization Information

Business/Organization Name: _____

Department: _____

Address: _____

Phone #: _____ FAX #: _____

Website: _____

Internship Description

Nature of the organization's business or activities: _____

Internship Description: _____

Any Requirements: _____

Internship Start Time: _____ Internship End Time: _____

Dress Code: _____

Nearby Public Transportation: _____

Other Information: _____

To Follow Up, GWCS Should Contact

Name of person: _____

Title or position: _____

Will this person be internship supervisor? YES / NO If not, provide supervisor's name & position: _____

Phone #: _____ FAX #: _____

E-Mail: _____

Prefer to be contacted by: email cell phone home phone work phone

Any information about this person that would assist in making the contact successful: _____

FOR GW USE ONLY

Name of person making contact: _____

Email address: _____

Cell #: _____

Home #: _____

Work #: _____

Prefer to be contacted by: email cell phone home phone work phone

The best time to contact me is: _____