Internship Assignment Form

Gerontology Program
Bowling Green State University
102 Health Center
Bowling Green, OH 43403

Name of Intern ____________________________________
Internship Agency ___________________________________
Agency Address ____________________________________________
________________________________________________________________________

Term of Assignment (from) __________ (to) __________  Semester _________________
Agency Supervisor ___________________________________________

________________________________________________________________________

Describe Goals of internship and anticipated activities involved (if additional space is needed please attach):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Faculty Supervisor Comments
Faculty Supervisor’s Signature ___________________________ Date _____________
Agency Supervisor’s Signature ___________________________ Date _____________
Supervisor’s Phone Number ______________________________

Send original to:  Gerontology Program (see address above)
Keep copies for:  Agency Supervisor, Intern