

## 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 \_\_\_\_\_

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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 \_\_\_\_\_

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