

## Internship Assignment Form

Gerontology Program, Bowling Green State University

Name of Intern \_\_\_\_\_

BG ID # \_\_\_\_\_

Internship Site \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Internship Start Date \_\_\_\_\_ Internship End Date \_\_\_\_\_

Internship Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Describe goals of the internship and anticipated activities: (Please attach extra pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

Internship Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_