

Job Description Form

NOTE: If you have a formal job description for the internship, complete the top section ONLY and sign the form. Please submit a copy of the job description along with this form.

STUDENT NAME:						DATE:
INTERNSHIP SITE:						
SITE ADDRESS:						
SUPERVISOR NAME & TITLE:						
SUPERVISOR PHONE & EMAIL:						
INTERNSHIP START/END DATE						
INTERN'S WEEKLY WORK SCHEDULE:						
PAID?	YES	s no	STRUCTURE?	IN-PERSON	VIRTUAL	HYBRID
PLEASE DESCRIBE THE INTERNSHIP PROJECT AND WORK GOALS.						
WHAT RESOURCES WILL YOUR SITE PROVIDE IN ORDER FOR THE STUDENT TO COMPLETE THEIR WORK FOR YOU?						
STUDENT SIGNATUR	RE					DATE
SUPERVISOR SIGNAT	TURE					DATE

Please return this completed form to your intern who will then upload it to Alverno's online system, LiveText.

Alverno College Career Studio: careerstudio@alverno.edu / (414) 382-6010