**Student Internship Application**

**Please complete the information below and email this application to the College’s Office of Legal Affairs at:** **mattiak@sunysuffolk.edu****. A Student Internship Agreement between your company/agency and the College for the program(s) listed below will be prepared and emailed to you for signature.**

**TODAY’S DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1**. COLLEGE PROGRAM(S) PARTICIPATING IN INTERNSHIP(S) AT YOUR SITE:**

[check participating program(s)]

|  |  |
| --- | --- |
| \_\_\_\_\_ ADDICTION STUDIES (ADS)\_\_\_\_\_ AMERICAN SIGN LANGUAGE (ASL)\_\_\_\_\_ AUTOMOTIVE TECHNOLOGY (AUT)\_\_X\_\_ BUSINESS (BUS150) \_\_\_\_\_ CRIMINAL JUSTICE (CRJ215) \_\_\_\_\_ CULINARY ARTS AND HOSPITALITY (CUL)\_\_\_\_\_ DIETETIC TECHNICIAN (DTE)\_\_\_\_\_ EARLY CHILDHOOD EDUCATION (EDU)\_\_\_\_\_ EMERGENCY MEDICAL TECHNICIAN (EMT)\_\_X\_\_ EQUITY, CHOICES AND PROFESSIONALISM IN THE WORKPLACE (HUM130)\_\_\_\_\_ HEALTH INFORMATION TECHNOLOGY (HIT) | \_\_\_\_\_ HOTEL/RESORT MANAGEMENT (HRMN)\_\_X\_\_ HUMAN SERVICES (HUM)**\_\_**X**\_\_** INFORMATION TECHNOLOGY (CST288)\_\_\_\_\_ INTERIOR DESIGN (INT)\_\_\_\_\_ NURSING/PRACTICAL NURSING (NUR-PN)\_\_\_\_\_ OCCUPATIONAL THERAPY ASSISTANT (OTA)\_\_\_\_\_ PARALEGAL STUDIES (LAW213)\_\_\_\_\_ PHYSICAL THERAPIST ASSISTANT (PTA)\_\_\_\_\_ RADIO AND TELEVISION PRODUCTION (RTV)\_\_\_\_\_ SURGICAL TECHNOLOGIST (SUR)**\_\_\_\_\_** VETERINARY SCIENCE TECHNOLOGY (VST)\_\_\_\_\_ OTHER: |

2**. YOUR CORPORATE NAME AND BUSINESS ADDRESS:**

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

3. **IF APPLICABLE, DOING BUSINESS AS (D/B/A) NAME:**

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

4. **WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5**. INDIVIDUAL WHO HAS AUTHORITY TO SIGN AGREEMENT ON BEHALF OF YOUR COMPANY/AGENCY:**

NAME & TITLE (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL & PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. **NAME/TITLE/E-MAIL OF INDIVIDUAL WHO WILL BE THE SITE MENTOR/SUPERVISOR FOR THE STUDENT(S):**

NAME, TITLE & ADDRESS (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL and PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **ADDRESS OF INTERNSHIP SITE (*IF DIFFERENT FROM ADDRESS IN 2, ABOVE*):**

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