**Student Internship Application**

**Please complete the information below and email this application to the College’s Office of Legal Affairs at:** [**mattiak@sunysuffolk.edu**](mailto: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)  \_\_\_\_\_ BUSINESS (BUS150)  \_\_\_\_\_ CRIMINAL JUSTICE (CRJ215)  \_\_\_\_\_ CULINARY ARTS AND HOSPITALITY (CUL)  \_\_\_\_\_ DIETETIC TECHNICIAN (DTE)  \_\_\_\_\_ EARLY CHILDHOOD EDUCATION (EDU)  \_\_\_\_\_ EMERGENCY MEDICAL TECHNICIAN (EMT)  \_\_\_\_\_ EQUITY, CHOICES AND PROFESSIONALISM  IN THE WORKPLACE (HUM130)  \_\_\_\_\_ HEALTH INFORMATION TECHNOLOGY (HIT) | \_\_\_\_\_ HOTEL/RESORT MANAGEMENT (HRMN)  \_\_\_\_\_ HUMAN SERVICES (HUM)  **\_\_**\_**\_\_** 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*):**

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