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 Faculty Internship Coordinator

INTERNSHIP INFORMATION FORM

PRINT NAME _____

COURSE **195C** **410C** **SEMESTER** _____ **YEAR** _____

INTERN CONTACT INFORMATION

Name _____

Mailing Address _____

Phone _____

Email _____

INTERNSHIP MENTOR CONTACT INFORMATION

Name _____

Title _____

Organization _____

Mailing Address _____

Phone _____

Email _____

INTERNSHIP DUTIES (Describe tasks the intern will perform, responsibilities intern will have, and skills intern will learn. You may attach the internship description to this page.):

Intern Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____

Coordinator Signature: _____ **Date** _____

Intern copy

Mentor copy

Coordinator copy