



## **CBA Academic Internship Site Request Form**

*To be used by CBA students and faculty who wish to establish a site for academic internship.*

1. **Organization Name:** \_\_\_\_\_
2. **Full Address:** \_\_\_\_\_
3. **In/Out of California:** \_\_\_\_\_
4. **Website:** \_\_\_\_\_
5. **Name of Authorized Signatory:** *(Person legally authorized to sign the IN-SL agreement on behalf of the organization (i.e. CEO, Exec. Director, City Manager, HR Director. This person is named directly on the agreement.)*  
\_\_\_\_\_
6. **Title of Signatory:** \_\_\_\_\_
7. **Authorized Signatory Phone Number:** \_\_\_\_\_
8. **Email:** \_\_\_\_\_
9. **Site Staff Contact:** \_\_\_\_\_
10. **Site Staff Title/Role:** \_\_\_\_\_
11. **Site Staff Phone Number:** \_\_\_\_\_
12. **Site Staff Email:** \_\_\_\_\_