

Employer Work Experience Education (WEE) Program Request Form

Name of Company: _____

Internship Position Title: _____



Internship Supervisor:	Address:
Phone:	Email:
# of interns requested:	Semester requested (Fall, Spring, Summer):
Paid or Unpaid	Hours per week:
Is your company open to any of the following student request (please circle):	

Internship Description:

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Experience and Qualifications (Knowledge/Skills/Abilities)

Example: Skilled in Microsoft Excel

Major(s) desired:

Required/recommended coursework:

How to apply: