



Academic Internship Program
Site and Opportunity Registration

Thank you for your interest in the Academic Internship Program at Western New England University. Please complete the following information to register and have your organization and opportunity approved as an official Western New England University academic internship site.

Site Name: _____

URL: _____

Address: _____

City, State Zip: _____

Phone: _____

Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact E-Mail: _____

Supervisor Name if Different than Contact: _____

Supervisor Phone Number: _____

Supervisor E-mail: _____

Please provide a brief description of the internship duties and responsibilities:

Please list any specific skills or qualifications needed to complete the internship:

Table with 4 columns: Question, Paid, Unpaid, For Academic Credit. Rows include questions about understanding the internship, semesters for hosting, and contact preferences.

Please return this form or information included on this form to Karen Kakley (Karen.Kakley@wne.edu) in the Career Development Center. Thank you again!