



Wright State University Lake Campus
Room 125 Trenary Hall
7600 Campus Drive
Celina, Ohio 45822
419 (586) 0902

Employer Internship/Co-op Information Form

Please complete this form and return to the Career Services Office.

Company Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Internship Position Title \_\_\_\_\_

Wage \_\_\_\_\_ # of Positions Needed \_\_\_\_\_ Hours per Week \_\_\_\_\_

Number of Semesters Needed \_\_\_\_\_ Please Check Which Semesters Needed Below:

Spring (Jan-May) \_\_\_\_\_ Summer (May-Aug) \_\_\_\_\_ Fall (Sept-Dec) \_\_\_\_\_

➤ \_\_\_\_\_

Description of Job Duties (or please attach Job Description):

Four horizontal lines for job description text.

Please list Requirements, Qualifications, or Academic Major:

Four horizontal lines for requirements text.

Contact Person Signature

Date

➤ \_\_\_\_\_

Internship Position Title \_\_\_\_\_

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

Please list Requirements, Qualifications, or Academic Major:

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\_\_\_\_\_

➤ \_\_\_\_\_

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