**SCHOOL INFORMATION:**

*Name of School:*

Click here to enter text.

*Contact Information:*

Click here to enter text.

**REQUEST DETAILS:**

*What is the PROFESSION related to your request for this internship*?

[ ] Dietetics/Nutrition – Specify by circling: DIETARY MANAGER NUTRITIONIST DIETICIAN

[ ] Finance

[ ] Health Informatics

[ ] Human Resources

[ ] Information Technology

[ ] Logistics/Materials Management

[ ] Operations: ADMINISTRATION BUSINESS OUTREACH/MARKETING

[ ] Public Services/Social Work

*Please provide a brief description of your goals for this experience, including general learning objectives (i.e. What do you hope to get out of this experience? If this internship is part of your academic program requirements, please provide any additional information from the school regarding this assignment/request. Please attach separate sheets as needed with any information from school, such as objectives, assignments, etc.)*

Click here to enter text.

*Please indicate preferences of particular areas/regions within the state or specific Centers or office locations for this request:*

Click here to enter text.

**DATES/HOURS REQUESTED**

*Complete below for date range and number of hours for this request*

*Date for Start of Experience:*

Click here to enter a date.

*Date for Completion of Experience:*

Click here to enter a date.

*Number of hours needed for assignment:*

Click here to enter text.

*Form submitted by (include Name and Contact Information)*

Click here to enter text.

*Date submitted:*

Click here to enter text.

*Date of requested response:*

Click here to enter text.

\*Note: Submission of a Request Form does not guarantee that the requested internship will be offered. This form helps us to identify the best contacts and resources to continue with the request proposal.

*SEC,PT/2.1.2018/8.17.18*

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