Eastern Florida STATE COLLEGE
Career Services

Internship at Current Employer Request

Students requesting to complete internship, practicum, or capstone hours at their current workplace must coordinate with their regular work supervisor and internship supervisor to complete this form and submit it to the Internship Office for approval.

To be completed by Student:

Name of Student: _____ Name of Current Company/Organization: _____

Name of Company Department: _____

To be completed by your Regular Work Supervisor:

This section is to be completed by your regular work supervisor (non-internship related), who will provide the information requested and initial the statements below. They must also sign in the signature section at the bottom of the form:

Name of Work Supervisor: _____

Department Name: _____ Location: _____

Email: _____ Phone: _____

_____ (Work Supervisor Initials) The student will complete their required internship hours outside of their regular scheduled hours.

_____ (Work Supervisor Initials) The student will be assigned new tasks and projects during this learning opportunity, separate and independent of their regular position's duties.

To be completed by your Internship/Practicum/Capstone Supervisor:

This section is to be completed by your internship supervisor, who will provide the information requested and initial the statements below. They must also sign in the signature section at the bottom of the form:

Name of Internship/Practicum/Capstone Supervisor: _____

Department Name: _____ Location: _____

Email: _____ Phone: _____

_____ (Internship Supervisor Initials) The student will complete their required internship hours outside of their regular scheduled hours.

_____ (Internship Supervisor Initials) The student will be assigned new tasks and projects during this learning opportunity, separate and independent of their regular position's duties.

Student Signature	Date	Regular Supervisor Signature	Date	Internship Supervisor Signature	Date