

Please complete and return this form to the OEL by mail or fax. Please print all information clearly. Fax to (412) 624-6877 or mail to B-4 Thaw Hall, Pittsburgh, PA 15260.

Name of company/organization \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ Ext \_\_\_\_\_

E-mail \_\_\_\_\_ Organization Web Address \_\_\_\_\_

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

Number of Internships Available \_\_\_\_\_ Location of Internship \_\_\_\_\_

Briefly describe the nature/function of the organization \_\_\_\_\_

Please describe the nature of the work to be performed by the intern. (Attach additional paper if necessary.)

Please describe the comprehensive general liability coverage as to type and amounts in place for the organization and at the site where student will perform work.

Academic Background of Student:

- Business/Sales/Marketing Science/Mathematics Computer/Information Science
Psychology/Social Work Health-Related Communications/Media Arts
English Writing/Journalism Education Geology/Environmental Studies
Public/Government Affairs Engineer Humanities (type):
Other (please list):

Internship Requirements: (Skills/aptitudes, special qualifications, academic level required, etc.)

Availability of Internship: Fall (Sept-Dec) Spring (Jan-Apr) Summer (May-Aug)

Application Procedure:

- Fax or mail cover letter/résumé With references E-mail Call for personal interview
Other (please specify)

Is there an application deadline? If so, when:

Thank you very much for your careful attention to these questions. Please be sure to include any relevant literature describing your organization and this internship. We look forward to working with you. For more information, call the OEL at (412) 624-6828.

Office Use: CompID Date in EL DB Date in Future Links Other