



EXHIBIT A. INTERN REQUEST FORM

SECTION 1: DEPARTMENT INFORMATION

DEPARTMENT MANAGER NAME:	
HOSPITAL/FACILITY NAME:	DEPARTMENT:
EMAIL:	TELEPHONE:

SECTION 2: INTERN INFORMATION

<input type="checkbox"/> Undergraduate Student Number Desired _____ <input type="checkbox"/> Graduate Level Student Number Desired _____	Dates of Internship (start/end): Start: _____ End: _____ Preferred Major/Area of Study: _____ Desired Minimum GPA? _____
Justification for internship:	
Schedule: Note: Interns can work no more than 20 hours per week. <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Varies Typical Hours (e.g., 7am-1p) _____	
Essential Duties: (A generic JD is established and may be requested from HR)	
Does this job require any special attire (work boots, uniform etc.) that requires student to purchase? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what and provide estimated cost: \$_____	
Notes: (Please provide any additional relevant information)	