

Albion College
GERALD R. FORD INSTITUTE
FOR LEADERSHIP IN PUBLIC POLICY AND SERVICE
Internship Introduction

Student Name:

Phone Number:

Internship Site:

Title of Internship Position:

Address of Internship:

Phone Number of Internship:

Name of Immediate Supervisor:

Supervisor's Direct Phone Number:

Supervisor's E-mail Address:

Start Date: _____ End Date: _____

What are you hoping to learn about this profession?

What professional skills are you hoping to learn or improve?

What responsibilities have you been assigned thus far?

Please list three goals that you would like to achieve during your internship period.

Completed forms should be either:

- 1) Mailed to** Ford Institute, Albion College, 611 E. Porter St., Albion, MI 49224
- 2) Faxed to** (517) 629-0920
- 3) Scanned and E-mailed** to the Associate Director of the Ford Institute