

Lyndon State College Internship Program

Initial Report

Instructions: This report is to be completed by the student and returned to the faculty supervisor by the end of the first week of work.

**Student Information**

Name**:** Click here to enter text.Telephone**: Click here to enter text.**

E-mail**: Click here to enter text.**

Address during internship**: Click here to enter text.**

**Employer Information**

Place of employment with address**: Click here to enter text.**

Supervisor Name**: Click here to enter text.**

E-mail**: Click here to enter text.** Telephone**: Click here to enter text.**

First Day of Work**: Click here to enter a date.** Last Day of Work**: Click here to enter a date.**

Salary/Room & Board Amount**: Click here to enter text.** Job Title**: Click here to enter text.**

Please provide or attach a job description**:** Click here to enter text.