**University of Northern Iowa**

**Postsecondary Education: Student Affairs**

**Internship Registration Form**

This form must be completed prior to registration for each internship and must be returned prior to beginning the practicum or internship:

Student’s Name: Click or tap here to enter text. ID #: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Student Email: Click or tap here to enter text.

Student Phone: Click or tap here to enter text.

Field Supervisor’s Name: Click or tap here to enter text.

Placement Site: Click or tap here to enter text.

Site Address: Click or tap here to enter text.

City: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Field Supervisor Email: Click or tap here to enter text.

Field Supervisor Phone: Click or tap here to enter text.

Internship Start Date: Click or tap here to enter text.

Internship End Date: Click or tap here to enter text.

Approved by Field Supervisor (Date): Click or tap here to enter text.