

**VIRGINIA TECH
DEPARTMENT OF SOCIOLOGY
INTERNSHIP PROGRAM**

INTERN STATUS

Name: _____

Student Number: _____

Local Address: _____

Local Telephone: _____

Email: _____

Address during
Internship
(if different) _____

Academic Level _____ Junior _____ Senior

Internship Semester _____ Fall _____ Spring _____ Summer I _____ Summer II

Year _____

Number of Credits (please circle) 1 2 3

Comments: _____

IMPORTANT: Complete BOTH sides and return to:
Donna Sedgwick, Internship Coordinator
Department of Sociology
Virginia Tech
560 McBryde Hall
Blacksburg, VA 20461-0137

Tel: (540) 231-8965

Fax: (540) 231-3860

Email: sedgwick@vt.edu

**VERIFICATION OF INTERNSHIP
DEPARTMENT OF SOCIOLOGY
VIRGINIA TECH**

Company/Agency: _____

Address: _____

City, State, Zip: _____

Approximate number of internship hours per week: _____

Beginning Date: _____

Ending Date: _____

Supervisor's Name and Title: _____

Supervisor's Telephone: _____

Supervisor's Email Address: _____

Supervisor's Signature

Date