

INTERN INFORMATION FORM

Name:

Summer Address:

E-Mail Address:

Home Phone:

Name of Sponsoring Business:

Department:

Address:

Job Title:

Beginning and ending work dates:

Intern's work phone number:

Immediate supervisor:

Title:

Phone:

Email address:

Next level supervisor:

Title:

Phone:

Email address:

Internship:

_____ **INFA 794 Information Assurance Internship**

Semester Enrolled: _____

Credit Hours: _____

Please return to:

Omar El-Gayar, Program Coordinator

College of Business and Information Systems

East Hall 007

Dakota State University

Madison, South Dakota 57042