

Internship Job Placement

Course: _____

Name: _____

UH Student Identification Number: _____

Major Area of Study: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number: _____

Expected Date of Graduation: _____

Cumulative GPA: _____ Semester Hours Completed: _____

Organization: _____

Organization's phone: _____

Organization's email: _____

Organization's address: _____

Contact representative _____

I certify that _____ is accepted as an intern
at my organization.

Representative's Full Name _____

Signature _____ Date _____