

# INTERNSHIP PROGRAM

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## Internship Description Form – FOOTHILL-DE ANZA DISTRICT

Department \_\_\_\_\_ Office location: \_\_\_\_\_

Internship Position Title \_\_\_\_\_

Supervisor /mentor of Intern \_\_\_\_\_  
(type/print name)

Campus location: FH DA DIST Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Length of internship (6-month or 12-month) \_\_\_\_\_ U.S. Citizenship required? Yes \_\_\_ No \_\_\_

Description of Overall Project \_\_\_\_\_  
\_\_\_\_\_

Description of Intern's Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education/courses/skills required \_\_\_\_\_  
\_\_\_\_\_

Education/courses/skills preferred but not necessary \_\_\_\_\_  
\_\_\_\_\_

Preferred personal attributes of applicant \_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor signature \_\_\_\_\_

B Budget Account Number \_\_\_\_\_  
*Amount will be automatically deducted by District Accounting.*

NOTE: Monthly invoices will be sent to you for your records. See attached for annual funding amount.  
Actual costs may vary depending upon hours worked.

*Fax this completed form to the Internship Program office: (650) 966-1980*

If you have any questions, please contact our office: (650) 604-5560 or internships@fhda.edu

*do not write below this line*

Student \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_